DOCUMENT RESUME

ED 332 417 EC 300 279

| | |
|---|---|
| AUTHOR | Goldenberg, Paula C.; Young, Thomas M. |
| TITLE | Interagency Collaboration: An Annotated Bibliography for Programs Serving Children with Emotional Disabilities and Their Families. Therapeutic Case Advocacy Project. |
| INSTITUTION | Portland State Univ., OR. Research and Training Center on Family Support and Children's Mental Health. |
| SPONS AGENCY | National Inst. of Mental Health (DHHS), Rockville, MD.; National Inst. on Disability and Rehabilitation Research (ED/OSERS), Washington, DC. |
| PUB DATE | Sep 89 |
| CONTRACT | G00943517 |
| NOTE | 109p. |
| PUB TYPE | Reference Materials - Bibliographies (131) -- Information Analyses (070) |
| EDRS PRICE | MF01/PC05 Plus Postage. |
| DESCRIPTORS | *Agency Cooperation; Community Programs; Cooperative Planning; *Delivery Systems; *Emotional Disturbances; Family Programs; Graduate Study; Professional Education; *Program Descriptions; Program Evaluation; State Programs; Theories |

ABSTRACT

This bibliography is intended to be a survey of interagency collaborative literature, with a focus on programs for children (especially children with emotional disabilities) and their families. The bibliography is divided into chapters covering the following areas: (1) writings describing actual collaborative efforts by agencies, on both the local and state levels (33 entries); (2) exhortative writings, reflecting the authors' opinions of various aspects of interagency collaboration, also on the local and state levels (17 entries); (3) suggestions for professional training in interagency collaboration (two entries); (4) theoretical perspectives (seven entries); and (5) evaluation of interagency collaboration efforts (12 entries). Each entry includes a brief synopsis of the book or article, a more detailed abstract that describes its content, and an editorial comment that defines the audience addressed by the author. Author and subject indexes are provided. (JDD)

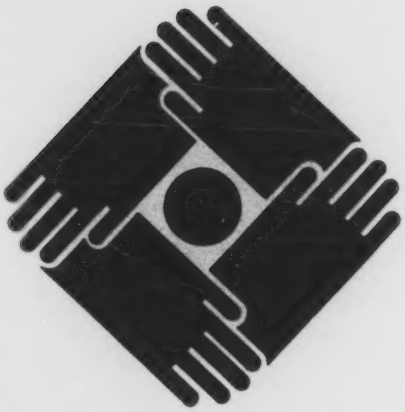
**********
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
**********

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED332417

# INTERAGENCY COLLABORATION

## An Annotated Bibliography for Programs Serving Children with Emotional Disabilities and Their Families



Therapeutic Case Advocacy Project
Research and Training Center on Family Support
and Children's Mental Health
Portland State University

BEST COPY AVAILABLE

EC 300279

# INTERAGENCY COLLABORATION

## An Annotated Bibliography for Programs Serving Children with Emotional Disabilities and Their Families

Paula C. Goldenberg, M.S.W.
Thomas M. Young, Ph.D., Principal Investigator

Therapeutic Case Advocacy Project
Research and Training Center on Family Support
and Children's Mental Health

Portland State University
Graduate School of Social Work
Regional Research Institute for Human Services
P.O. Box 751
Portland, Oregon 97207-0751
(503) 725-4040

September 1989

The recommended citation of this publication is:

Goldenberg, P.C., & Young, T.M. (1989). *Interagency collaboration. An annotated bibliography for programs serving children with emotional disabilities and their families.* Portland, OR: Portland State University, Research and Training Center on Family Support and Children's Mental Health.

This publication was developed with funding from the National Institute on Disability and Rehabilitation Research, U.S. Department Of Education and the National Institute of Mental Health, U.S. Department of Health and Human Services (NIDRR grant number G00943517). The content of this publication does not necessarily reflect the views or policies of these funding agencies.

## TABLE OF CONTENTS


| | |
|---|---|
| **Introduction** | 1 |
| **Descriptive Writings** | |
| Local | 3 |
| Local and State | 39 |
| **Exhortative Writings** | |
| Local | 45 |
| Local and State | 59 |
| **Graduate Education** | 65 |
| **Theory** | 69 |
| **Evaluative Writings** | 79 |
| **Indexes** | |
| Author | 93 |
| Subject | 99 |

## INTRODUCTION

This bibliography was developed as a part of the Therapeutic Case Advocacy Project, under the premise that advocacy can occur at the case (child and family), organizational, or interagency levels. The original intent was to focus on collaborative literature as it pertained to children with emotional disabilities and their families. The scarcity of resources in the field made it necessary to broaden the scope of the search to any and all types of client populations. Thus, this bibliography is intended to be a survey of interagency collaborative literature, with a focus on programs for children and their families.

The bibliography is divided into seven chapters. Each chapter is a collection of articles or books with roughly the same focus. Some writings are *descriptive* in nature; they describe actual collaborative efforts by agencies. Other articles are more *exhortative*: they reflect the opinions of the author(s) on various aspects of interagency collaboration. Descriptive and exhortative articles might focus on *local* community programs or be more generally directed to the state or *local and state* levels. A chapter on *graduate education* reviews two articles that give suggestions for professional training in interagency collaboration. A *theory* chapter provides a representative theoretical perspective. The final, *evaluative* chapter is a collection of articles and books that appraise interagency collaborative efforts.

Each listing includes a brief *synopsis* of the book or article, an *abstract* that describes its content, and an editorial *comment* that defines the audience addressed by the author.

*Author* and *subject indexes* are provided at the end of the bibliography for the convenience of the reader.

It is hoped that this bibliography will provide administrators, program managers, and direct service staff with new ideas for collaborative programs. The guidelines provided in some of the writings might also be of use to administrators in the planning and programming of collaboration with other agencies.

## LOCAL - DESCRIPTIVE

This section contains abstracts of articles that are descriptions of local interagency collaborative efforts. These "case studies" are quite varied and cover the following topics:

- **Referral and linkage** of clients to other agencies
- **Case collaboration** and **case coordination**--a new way to look at the role of case manager
- **Community treatment** for families
- **Interagency teams**--specialized interdisciplinary teams to investigate child abuse and provide consultation to child welfare workers
- **Joint programs**--school-based programs, private-public agency partnerships, grass roots-traditional joint programs
- **Successes**
- **Disasters**--What can we learn from them?
- **Coalitions** and **consortiums** of agencies concerned with a particular population or problem
- **Urban** and **rural** agencies
- **Initiating Collaboration**--How does a new agency develop relationships with established organizations in the system network?

| | |
|---|---|
| **Populations:** | Preschoolers, school-age children, adolescents, adults, families, and the elderly |
| **Problems addressed:** | alcoholism, character disorders, clients with chronic mental illnesses, developmental disabilities, adolescent pregnancy and suicide, child abuse/neglect, foster care, delinquency, and prevention |

**Local - Descriptive**

Ahmed, M.B. & Young, E.L. (1974). The process of establishing a collaborative program between a mental health center and a public health nursing division: A case study. *American Journal of Public Health*, *64*(9), 880-885.

**Synopsis:** This article describes the development of a coordinated program utilizing a team approach for discharged psychiatric patients in the St. Louis area.

As the St. Louis State Hospital began to discharge patients in 1967, community agencies had to be found that would collaborate and coordinate with hospital units to prevent readmission. Such a facility was initiated at the county hospital outpatient clinic. The coordinating staff of the clinic were the medical and nursing directors. They designed a program that relied heavily on field nurses.

Community health nurses were found to be strong in their knowledge of resources and mental health, but rather weak in regard to the problems of mental illness. Various trainings, working with a team approach, and observing at the hospital helped enhance their knowledge of psychiatry.

The field nurses assessed family, home and community resources before the patient was released from the hospital. The nurse then aided the patient after discharge by communicating with hospital staff about the patient's adjustment to community life, and by acting as liaison between the patient and his/her community physician.

It soon became clear to the administrators of this program that there was a communication problem. Field nurses had to go through formal channels with state hospital workers. It was found that physicians and field nurses must have easy access to hospital staff without having to go through formal channels. Another problem was that the psychiatric nurse coordinator did not have enough time to serve as a liaison between the hospital and the health department. Nurses cannot prescribe medication. Home visits presented more difficulties: time constraints, depressing clients in depressing life situations, families in need of support, and extreme behavior of patients. Lastly, many nurses felt unprepared for crisis intervention and assessing the need for hospitalization.

**Comment:** This article is written for professionals working in community mental health.

**Local - Descriptive**

Anderson, L.M. & Shafer, G. (1979). The character-disordered family: A community treatment model for family sexual abuse. *American Journal of Orthopsychiatry*, *49*(3), 436-445.

**Synopsis:** The authors propose a treatment model for sexually abusive families that utilizes authoritative control (through the court) as well as careful coordination of all professional activity with interagency teams.

The article describes a program of the Ramsey County Child Abuse Team of St. Paul, Minnesota, that worked with mandated "character-disordered" families. The authors found that many antisocial personality characteristics applied to the perpetrator, the perpetrator's spouse, and other family members.

Multi-problem families are usually involved with more than one agency and these agencies may have conflicting goals, roles, and expectations. Thus, there is often confusion and professionals may work against each other. The abusive family may play various professionals off one another unless communication and coordination between all professionals involved with the family is established.

The need for authoritative intervention is likewise important when dealing with families with poor impulse control, who are lacking in conscience, and who are manipulative. The authors found that an authoritative approach with client families enhances rather than detracts from the therapeutic relationship because it effectively counters projective and denial defenses.

The authors outline their three-phase treatment program which follows a careful assessment of the family: (1) splitting the family up to receive specialized individual treatment (e.g., victim's group, Alcoholics Anonymous, etc.); (2) reuniting the family for marital and family therapy but not in their living situations; and (3) family therapy continues when the missing member is returned home.

A case history is described from the initial disclosure of sexual abuse to the termination of treatment. The interdisciplinary team that worked with this family included all therapists, a school counselor, policewoman, child protection worker, and representatives from other community agencies. An excerpt of the family's history describes how the therapist was able to enlist the child protection worker's help to pressure the parents to follow through with attending Alcoholics Anonymous meetings.

**Comment:** This is a good article for direct service staff that work with abusive, incestuous, or mandated families who are involved with several agencies. It may be of interest to program managers and administrators interested in setting up collaborative treatment programs for such families.

Aram, J.D. & Stratton, W.E. (1974). The development of interagency cooperation. *Social Service Review, 48*, 412-421.

**Synopsis:** The authors describe and analyze a successful planning effort of 20 local agencies to coordinate their services to the aged in a public housing project.

The project in question is unusual in several ways: planning of the joint project took place spontaneously among a group of agency representatives; there was no likelihood of resources for the project; the planning effort took place for one and a half years before a coordinator was hired; and the planning endeavor resulted in the implementation of a local service delivery plan for services to the aged in the housing location.

The authors interviewed thirty-one of the original thirty-two participants of this project. It was found that there was a convergence of interests of several agencies serving the same population (elderly) that were independent but compatible.

Planning was facilitated by *individual leadership* (broad-based, active membership), *agency leadership*, *meeting behavior* (leadership, centrality, attendance, and membership on sub-committees), and *perceived agency goals*. "It appears that participants who perceived some immediate goals of their agency as relevant to the coordination project were the active committee persons in terms of meeting attendance and subcommittee involvement. Participants who saw their agency goals as recent and numerous also attended meetings frequently."

The authors suggest that the efforts of cooperation on this project met the needs or interests of relevant persons. Also, key persons emerged as a result of the way they perceived their agency goals and this enlightened self-interest gave rise to a leadership structure. Community planning agencies were not seen as initiating activity. Finally, the authors describe the "convergence of interests" to be a dynamic process, where one must be aware and alert to "interacting and converging needs, interests, and capabilities of individuals and organizations."

**Comment:** An article that might be of interest to administrators and program managers.

Aronson, J., Aronson, D., & LaVanway, L.Z. (1980). Cooperation and its perils. *Practice Digest*, *3*(2), 18-21.

**Synopsis:** The authors provide two case studies of cooperation on a local level: a prevention program with formal agreement between five agencies, and an informal coalition to discuss issues of spouse abuse.

A program of the Mental Health Association of Milwaukee County was initiated to prevent problems among junior high school students. Outreach workers from five agencies had been trying unsuccessfully to introduce a prevention program in the schools. To form the collaboration, the coordinator went through several steps. First, these outreach workers were called together. Second, the coordinator tried to elicit cooperation from the agency directors (with incentives of money and input). Third, a curriculum was designed that could be modified by the schools. Fourth, a pilot program was designed for a suburban school. Finally, the coordinator put together a package to show to the schools.

Five major problems appeared as the program developed. The agencies showed differing degrees of commitment to the joint project. The role of the coordinating agency was misunderstood by the participant agencies. Agency representatives had different styles of operating in the group. It took a year to build trust between delegates of the five agencies. Some agency personnel changed jobs during the project (including the coordinator). Other challenges for a coordinator are "to overcome the notion of turf," to be able to deal with conflict, have a good grasp of detail, be accountable but without real power, and "working behind the scenes" while "the actors get the applause."

The other case study of interagency cooperation is the Coalition Against Spouse Abuse which met informally (brown bag lunches) to discuss common problems and new resources (e.g., films) that they might use in their work. Initially members were so enthusiastic that they formed committees to draw up by-laws, plan programs, organize community education, and publish a newsletter. Because the coalition members did not have support from their respective agencies, attendance dwindled. In response, the organizer of the coalition removed the by-laws and committees and the members returned. The membership was varied: paralegals and lawyers, a nursing instructor, a community development expert, a dispute mediation coordinator, staff of the YWCA women's center, staff from mental health centers, and four therapists in private practice. The coalition helped with coordination and referral among agencies and individuals serving victims of spouse abuse, and helped to inform members about the court system.

**Comment:** A useful article that may be of interest to direct service professionals, program managers, and administrators.

Baizerman, M., Skelton, N., & Pierce, S. (1983). Working together to treat adolescent abuse: Community agencies form a consortium. *Children Today*, *12*(1), 18-23.

**Synopsis:** The authors describe how a consortium of public and private social and health agencies was developed to serve abused children and adolescents in St. Paul, Minnesota.

The purpose of the Consortium of Child and Adolescent Abuse Services was to develop an integrative and cooperative interagency network that would provide services to abused and neglected children, adolescents, and their families. Formation of this consortium would offer a comprehensive coordinated secondary referral source and serve as an early identification system for protective service referrals.

Private agency members of the consortium included a community mental health center, a community youth agency, a major private social service center, and two local hospitals. Two public agencies were recruited: St. Paul Central High School and the Ramsey County Nursing Service (public health nurses). Two private practitioners, a psychiatrist and a psychologist, provided consultation to the consortium. If a client received services from a member agency, all the services of the other members would be available without cumbersome referral.

Intake was conducted by any of the seven member agencies. An intake agency could ask any other agency for assistance. A consultant met with the intake worker to review findings and to form a treatment plan. To foster good working relationships, the consortium provided a part-time coordinator to aid relationships both between consortium members and between the consortium and other human services systems.

The program was refunded by the county for a second year based on its performance in its first year. A survey was conducted halfway through the first year of the program and it was found that ten of eleven consortium workers felt that services for clients, effectiveness, and coordination with colleagues had improved.

The authors provided four case descriptions of adolescents who were helped by the program.

**Comment:** This article describes the evolution of a consortium and the authors suggest that they have found a viable model of adolescent services. However, neither the description of this model nor the formal and informal agreements between the consortium agencies are provided in detail.

**Local - Descriptive**

Black, B.J. & Kase, H.M. (1963). Interagency co-operation in rehabilitation and mental health. *Social Service Review*, *37*, 26-32.

**Synopsis:** The authors categorize and review several cooperative programs that were undertaken by Altro Health and Rehabilitation of New York City in the early 1960's.

The article begins with a persuasive argument for interorganizational cooperation between rehabilitation and medical or mental health agencies. It is interesting to find that during a presidential administration that was relatively generous to social services one finds this quote, "In the face of the dilemma of how to make resources stretch to meet increasing needs, it is natural to turn to the idea of bringing agency facilities together."

The authors define integration, co-ordination, and co-operation of agencies. They further sub-divide co-operation into four types: ordinary co-operation, co-operation on referral procedures, functional co-operation, and co-operation on demonstration projects.

"*Ordinary co-operation*" may be thought of as "polite professionalism" or cooperating with the social services network. This form of cooperation is valuable for an agency's survival, but will not do much "to meet the shortages of manpower, materials, or money."

An agency may wish to strengthen relations with other agencies in the network through "*co-operation on referral procedures.*" Here two or more agencies might formalize referral procedures to minimize "motions." A case example is cited where Altro (a private agency) and the New York State Division of Vocational Rehabilitation mutually formalized the referral process. Each agency had a liaison counselor in the other agency and streamlined their intake process to avoid duplication of procedures on referral.

"*Functional co-operation*" is a more formal joint effort where a rehabilitation agency might incorporate staff from another agency (e.g., welfare) to create a cooperative and unique joint program. Three case examples are given of Altro's efforts to create functionally cooperative programs.

There are two case examples where Altro initiated "*co-operation on demonstration projects.*" One project was a joint endeavor between the state hospital, the Division of Vocational Rehabilitation, and Altro. Here Altro served as the coordinator for a full vocational rehabilitation team when it set up a program within the state hospital.

**Comment:** An informal, optimistic, and positive article on interagency cooperation that may be of historical interest.

Burd, R.P. & Richmond, J.B. (1979). The public and private sector: A developing partnership in human services. *American Journal of Orthopsychiatry*, *49*(2), 218-229.

**Synopsis:** The authors suggest that a collaborative and coordinated relationship between public and private service providers would benefit both types of agencies as well as their client populations.

The Judge Baker Protective Service Delivery Program was established with the Department of Public Welfare in 1976 with the purpose of developing a unit at Judge Baker to serve children under the care of the Welfare Department. The program had two components: protective service teams for families in crisis, and clinical teams (social worker, psychologist, and psychiatrist) to manage cases of child neglect and abuse.

The New England Resource Center for Protective Services (NERCPS) was founded as a demonstration project by the National Center on Child Abuse and Neglect. The intent of the project was to have the program staff serve as consultants to help design, modify, and improve public child protective agencies in the state of Massachusetts. Activities ranged from legal consultation, developing data management systems, and developing program policies and standards, to developing training programs for workers, police, and day care teachers. This consultative posture enabled the Resource Center staff to serve a coordinating role among various professional groups throughout the state and helped improve relationships among public and private agencies.

The authors described the development of their relationship with the public agencies and how it became more than a simple contract to purchase the delivery of direct services. Initially the staff took a passive stance and accepted the problem statements and representation of needs of the public agency at face value. Once they gained credibility in solving the presenting problems they moved more deeply into the bureaucracy and took part in the problem-identification and decision-making process, and were able to take a more directed and systemic approach. The authors suggest that a contract between public and private agencies can be seen as establishing the minimum requirements for the relationship and serve as a point of departure for establishing a more extensive relationship.

The benefits to establishing more integrated agency roles were discussed from the point-of-view of *private organizations* (advancement of organizational goals, expansion of client base, increased funding support, demonstration and dissemination of new interventions, and contributions to system-wide improvement), *public agencies* (efficient expansion of services, critical analysis of services, professional cross-fertilization, and better coordination of services), and *clients* (more comprehensive service network and access to one level of quality care).

**Comment:** This article is written for administrators and program managers of both public and private agencies.

Cherry, T.J. (1976). The Oregon Child Study and Treatment Centers. *Child Care Quarterly*, *5*(2), 146-154.

**Synopsis:** This is a case study in developing a day treatment center (Poyama Land) for children with multiple needs in an established rural interorganizational environment.

The funding to initiate the Poyama Land program of Independence, Oregon came from the Oregon Legislature in 1971. The goal of this legislation was to develop experimental programs that would use public agencies (Children's Services Division and the Mental Health Division) to provide support in planning, development, initiation and ongoing delivery of services with six private rural agencies. Three of these agencies provided residential care and three provided day treatment as Child Study and Treatment Centers. The programs related fiscally to Children's Services Division and programmatically to the Mental Health Division. The centers relied heavily on support of their respective locales and achieved this by recruiting boards of directors that were actively involved with the community.

The goal of treatment at Poyama Land is to facilitate the child's reentry to the school system. To promote good relations with the schools, the Poyama Land staff have school personnel sign an agreement at the time of referral. This contract details Poyama Land's expectations from the school (re-entry teacher and principal visits) and a transition plan that Poyama Land will provide for the school on re-entry (in-service training, follow-up support).

Interagency coordination was achieved through several means. A great deal of communication took place between Poyama Land staff and the Children's Services Division case workers. Some other agencies' staff that were contacted by Poyama Land included school administrative personnel, mental health program managers, and public health professionals.

To develop a program network and to avoid interagency conflict, the directors of each Oregon Child Study and Treatment Center met regularly with state staff and by themselves to share information and coordinate efforts. Finally, the Oregon Association of Treatment Centers (OATC) was created by the program directors and members of the boards to be a collective voice for the centers in group training, negotiation with the state, and health insurance.

**Comment:** A good, readable article describing special needs of interorganizational relations in small rural communities. It would be of interest to administrators and program managers of programs for special needs children in those areas.

Daniels, M.S. & Bosch, S.J. (1978). School health planning: A case for interagency collaboration. *Social Work in Health Care*, *3*(4), 457-467.

**Synopsis:** The authors describe the process of interagency collaboration (Department of Health, Board of Education, medical school, and university) to provide health care services to school-age children of East Harlem in New York City.

In response to requests by community groups in the spring of 1973, the Department of Community Medicine of Mount Sinai Medical Center began to participate in school health screening programs in East Harlem and established an interdisciplinary, intramural team. This team was mandated to "exploit the full potential of the existing health resources in the area (the Board of Education, the Department of Health, health care providers, and social health agencies) in order to contribute technical assistance for prevention of disease, promotion of health, and early identification of health problems of school-age children." The team was comprised of a health planner, physician, nurse, social worker, and health administrator. The principal of PS 109 was interested in a screening and referral program, and this elementary school became the pilot school in a demonstration project.

The first task of the team was to define its goals and objectives. Working roles of each discipline had to be worked out. A joint working relationship between the team and the New York City Department of Health was formed through meetings with the district health officer, supervisory and line nursing staff, administrators, and social work personnel. Next, the team worked to develop appropriate linkages with PS 109 staff.

It was discovered belatedly that the team should have consulted and communicated with the District School Board. A district health education coordinator was added to the team at this point. The team decided to restructure its membership to allow for interagency partnership in planning. Relationships with the Department of Health and the Board of Education were renegotiated. There was suspicion and mistrust between the organizations, but a nurse from the Department of Health was assigned to PS 109 and this nurse's supervisor was assigned to the team. The Community School Board mandated the district health education coordinator to coordinate and integrate the project with schools and school personnel. In this way, a single agency's interdisciplinary planning team became an interagency-interprofessional planning body.

The development and execution of a health screening of the 482 children of PS 109 helped develop cohesiveness in the team. Screenings were offered successfully in two other schools in the area.

Team discussions became increasingly concerned with organizational problems that interfered with their work. Some of these concerns were: poor linkages, lack of accessible medical care facilities in the area, and that there were no effective mechanisms to link the school health care system with other health care providers in the community.

Local - Descriptive

The team concentrated its efforts for the next 12 months on trying to develop a model system that would allow better access to health care for Medicaid-eligible clients. The model system would have: a health planning body with the capacity to establish and maintain viable linkages in health care, and utilization of the school by the health plan office to market a pre-paid health plan.

The authors identified the major difficulties of this interorganizational venture to be: lack of interagency collaboration, problems of interpersonal relations, and lack of community involvement. Some difficulties of interagency teamwork were: challenging traditional role and role-relationships of each discipline, change of membership, and the need for agreement on goals and objectives. Readiness in the community will help provide support and participation by consumers.

The authors conclude that interagency team planning has the potential to create a truly integrative solution to community needs.

**Comment:** This article might be useful to administrators and program managers.

**Local - Descriptive**

Doty, M.B. & King, M. (1985). Pregnancy prevention: A private agency's program in public schools. *Social Work in Education*, *7*(2), 90-99.

**Synopsis:** The authors describe a program in which a voluntary community agency (Inwood House) used drop-in centers to provide individual and group counseling for pregnancy prevention in New York City junior and senior high schools.

The need for pregnancy prevention to reduce the risk of teen pregnancy is outlined. The students served by this program had an increase in contraceptive use (from 26% to 55%) and a 39% decrease in pregnancy. This program reached 18,147 teenage girls and boys over a four-year period through a combination of classroom teaching, group work, and casework.

There was careful planning on the part of the Inwood House (private agency) and the Board of Education (public bureaucracy) to start the program. As the program grew and became successful, further coordination and evaluation were needed. The authors outline the thirteen steps they followed to establish a coordinative link with the public schools: (1) gain support from the agency's board of directors for fund raising and exploratory work; (2) approach the local school board to discuss the problem of teen pregnancy and propose a cooperative program; (3) hire a social worker with expertise in adolescents and sexuality; (4) cooperate with the board of education staff in interpreting the program to school principals and identify willing and/or interested principals; (5) meet with the officials and members of the PTA to seek support; (6) secure rooms and telephone in the school; (7) meet with school administrators and faculty to interpret the program and identify sympathetic staff; (8) meet with student government representatives to get student input and support; (9) visit community youth agencies to establish connections that will facilitate referrals; (10) publicize the program to students through the school newspaper, announcements, posters, etc.; (11) build educational resources for staff (anatomy charts, materials on birth control, pamphlets); (12) provide ongoing staff development and support; and (13) raise additional money to expand the program.

The authors describe three benefits of the program for students, the schools, and the private agency. First, the school was given a social service program free of charge. Second, the social workers from the voluntary agency were able to work autonomously according to the agency guidelines of confidentiality; school personnel were not informed which students attended the program or what problems were discussed. Finally, students were able to seek help in an environment that was familiar and comfortable.

**Comment:** An article that would be of interest to any administrator or program manager interested in establishing joint programs with schools.

**Local - Descriptive**

Feldman, R.A., Wodarski, J.S., & Goodman, M. (1976). Inter-agency referrals and the establishment of a community-based treatment program. *Journal of Community Psychology*, *4*, 269-274.

**Synopsis:** This article explores the inter-agency referral process and its implications in establishing a community agency for behavioral treatment of "anti-social" children.

The authors of this article found that the ability to establish a community-based treatment program is directly dependent upon the host agency's relationships with other agencies, including referral agencies. There are at least three ways that the referral process can be detrimental to the host agency: (1) a shortage of needed referrals; (2) an overabundance of referrals; and (3) referral of inappropriate clients.

The authors describe four basic types of decision-making processes that take into account the consensus or conflict between both agencies' goals and means of attaining those goals. *Computation* develops when there is a high degree of consensus and there tends to be a routine and relatively error-free referral process. *Bargaining* occurs when there is conflict over goals or client attributes, but agreement on the means (referral criteria), and in this case representatives must meet to establish referral criteria. *Judgment* is needed where there is disagreement about referral procedures, but not about attributes of clients or treatment goals, and here representatives of both agencies should devise a referral process suitable to both agencies. When there is little or no agreement about goals of the referral process or how to process clients the agencies operate on *inspiration*, which is the least efficient method.

The article outlines several sources of misreferrals: the host agency, the donor agency, and the inter-agency relationship. The host agency can avoid some referral problems by: (1) assigning responsibility to two staff members for establishing referral criteria and coordinating referrals; and (2) making criteria for referrals in explicit operational and behavioral terms. The donor agency should not: (1) excessively refer clients out when donor staff are overburdened; (2) refer clients that have proven "troublesome" or expensive to treat; or (3) refer clients as a "reward" for compliance rather than basing the client referral on their individual treatment needs. Staff at donor agencies should be able to refer clients without excessive review in order to speed the referral process. Inter-agency relationships are another factor in the referral process: poor coordinative and liaison procedures are common. The other major problem is that both agencies need to maintain equitable benefits and costs in the referral process: it must work to the advantage of both agencies.

**Comment:** This article is written for program managers, and professional staff involved in the referral process. It also addresses the need to educate referral sources when setting up a behavioral treatment program.

**Local - Descriptive**

Flaherty, E.W. & Martin, F.G. (1978). The process of development of interagency relationships. *Administration in Social Work*, *2*(1), 95-103.

**Synopsis:** The authors studied seven parameters of an interagency relationship for their importance to the process and perceived effectiveness of relationships between a new community agency and seven established agencies.

The authors were interested in two questions: "Is there a process of development of relationship between organizations?" and "Is there a link between any of these parameters and the perceived effectiveness of the relationships, and does this change with time?" The seven parameters of relationship studied were: clarity of agency's goals, ability of staff to present the agency's mission, agency's resources, clarity of agency's activities, communication by agency, project planning, and agency staff skills. Each of the seven established agencies collaborated on two or three projects with the new agency (a prevention-oriented early childhood program). Each established agency rated the new agency twice: the first rating was for the first six months of relationship and the second was for the next 6-12 months of relationship.

The findings of the study were interpreted to mean that the process of development of interorganizational relations with a new agency is a dynamic one. During the first six months of relationship, project planning was related to perceived effectiveness. During the second six months clarity of goals, ability of staff to present the new agency's mission, resources, clarity of activities, and communication were related to perceived effectiveness of the new agency. Project planning was not seen to be related during the second time period.

Based on these findings the authors suggest that a relationship between new and established organizations should be conceptualized in terms of stages.

**Comment:** This is a research article that may be of interest to administrators and program managers of new programs or agencies.

Frankfather, D.L. (1981). Welfare entrepreneurialism and the politics of innovation. *Social Service Review*, *55*(1), 129-146.

**Synopsis:** A case study of a demonstration project which the author asserts to have used social service rhetoric and the appearance of innovation (service coordination) to satisfy its entrepreneurial objectives.

The project in question was undertaken by the Older Adult Community Service Program of a large multi-service agency (Public Welfare Institute, or PWI) in the 1970's. This program was jointly financed by the agency and the Administration on Aging of the Department of Health and Human Services. This demonstration program was apparently being coordinated with a citizens' committee from a metropolitan neighborhood, who had approached the agency to provide social services in a high-rise public housing project for the elderly.

The multi-service agency staff assumed control very quickly. A PWI administrator was the principal investigator, PWI handled all accounting and financial management, salaries and benefits for employees, and all future proposal content. The program had very little autonomy (for example they had to follow the PWI dictates on the use of the photocopy machine). A puppet administrator from the citizens' committee was appointed who had no prior administrative experience, so a semblance of coordination was maintained.

One goal of the project was to maintain elderly citizens in the community (i.e., help them stay out of nursing homes). This was provided through the Older Adult Community Service Program which attracted a large number of clients with minimal needs by serving lunches and providing recreational and cultural activities. This maintained the appearance of serving large numbers of elderly clients for minimal costs, yet offered little to maintain these clients in the community. For example, the program's volunteer visiting program for homebound elderly provided only one client with "information and referral."

The author claims that the key to the organizational deception was the entrepreneurial PWI administrator and principal investigator who controlled all hierarchical exchanges of information.

**Comment:** An important lesson in the value of accountability for administrators, program managers, and planning students. What remains unanswered, however, is whether this program was deficient in planning or went bad later at the hands of the "entrepreneurial administrator?"

Freeman, G.G., Goldberg, G., & Sonnega, J.A. (1983). Cooperation between public schools and mental health agencies: A model program. *Social Work in Education*, *5*(3), 178-187.

**Synopsis:** The authors describe a day treatment program in Oakland County, Michigan that was operated cooperatively by a local public school system and a community mental health board.

Federal funding in 1971 established a day treatment program for children from 6-12 years of age. This program was operated by the Oakland County Community Mental Health Board through 1980. In 1975, due to mandatory special education laws, the community mental health board and the intermediate school district tried to negotiate cofunding for the program. A power struggle for administrative control caused programmatic, political, and budget disputes and the attempt failed.

From 1975 to 1980 there were financial cutbacks in the educational and mental health systems. Local studies discovered a need for adolescent day treatment programs. Both educational and mental health agencies agreed that: (1) the target population of adolescents would be those in self-contained programs, resource rooms, or institutions; (2) the new services would integrate educational and mental health components; (3) cofunding was the best approach; and (4) one agency would maintain administrative responsibility. The key question to be solved was which agency would have this administrative responsibility. A compromise was made calling for a single director appointed from either discipline (education or mental health), and a supervisor from the remaining discipline would be directly responsible to the director. It was decided that the director would be an educator since the program was school-based. The mental health staff were responsible to the mental health supervisor who worked as liaison to the director, thus allowing the mental health staff professional autonomy.

The authors provide a detailed discussion of the financial arrangements and program design of the new day treatment programs as well as the funding restructuring of the pre-existing elementary-level day treatment program. Benefits of the interagency personnel arrangement were: elimination of traditional barriers between mental health and education providers and the evolution of unified programs. One group of adolescents who especially seemed to benefit from this program were the "hard-core" group with multiple problems who seem to seek out negative attention.

It is suggested that with the decrease in public hospital space there will be more and more interest in developing day treatment programs for adolescents. The authors assert that cofunded programs are workable. Finally, there is a suggestion that school social workers might use this model to create such programs.

**Comment:** This article would be of interest to administrators, program managers, and educators.

**Local - Descriptive**

Gatti, F. & Colman, C. (1976). Community network therapy: An approach to aiding families with troubled children. *American Journal of Orthopsychiatry*, *46*(4), 608-617.

**Synopsis:** This article outlines a combined method of working with families that utilizes both structural family therapy and contact with the various agencies that are involved (e.g., school and community mental health agencies).

The authors of this article provided consultation to a public school system in a working-class, predominantly white town in Massachusetts for three years. During the course of this work they developed "community network therapy," which involved not only traditional structural family therapy but also active involvement with the family and its institutions. The workers used their knowledge of the referral systems to aid problem-solving and to build a client-supportive agency network.

The referral from the school to community network therapy initially involved a two-hour consultation meeting with school personnel. During the course of this meeting they would discuss 3-4 students in a staffing that would lead to recommendations to be implemented by the school. If family therapy was found to be necessary, the counselor would visit the parents and notify them that the school would pay for treatment, and they had a choice of using either the consultants or an outside therapist.

One of the basic principles of community network therapy is to establish and maintain contact with as many extra-familial people (friends, neighbors, etc.) and institutions (churches, welfare, etc.) as possible. To achieve this end the authors often did therapy out in the community (on the playground, in restaurants, at school, home visits) to try to pull in as many people as possible. They also frequently contacted people from other institutions working with the family.

**Comment:** This article is written for family therapists, and it may be of interest to students not familiar with the roles of advocate and social broker and how they apply to family therapy.

Gilbert, N. & Specht, H. (1977). Quantitative aspects of social service coordination efforts: Is more better? *Administration in Social Work*, *1*(1), 53-61.

**Synopsis:** The authors performed a study to analyze the relationship between the success of local service coordination efforts in the Model Cities Program and three quantitative aspects of coordination efforts: number of agencies involved in the planning, number of agencies involved in implementation, and proportion of project funds committed by participating agencies. They were able to use data from 68 out of 147 cities.

The study found an inverse relationship between the number of agencies involved in the planning process and the success of coordination in the first program year. It was proposed that coordination was more difficult with a large number of autonomous and dispersed groups. The authors also found a positive correlation between the commitments of funds by participating agencies and coordination ratings. They interpreted this to be an example of organizational interdependence, where each organization perceives that its own goals can be achieved most effectively with the added resources of the other agency.

The authors suggest several implications for administrative practice. First, coordination projects involving a large number of agencies involve physical and communications costs associated with bringing together all of the participants. At some point these costs impede coordination efforts. Second, private and voluntary agencies are more reluctant to participate in coordination projects, and more likely to withdraw after the planning stage. Finally, planners should concentrate their coordination efforts on agencies that show both readiness and the ability to commit resources to joint projects.

**Comment:** A somewhat dated article, but may be of interest to administrators and program managers.

Ho, M.K. (1977). An analysis of the dynamics of interdisciplinary collaboration. *Child Care Quarterly*, *6*(4), 279-287.

**Synopsis:** This article describes the necessary components for treatment planning with an interdisciplinary team for boys in residential care who were both delinquent and had mental retardation.

The setting for this study was the Tulsa Boys Home, an open residential institution for adolescent boys. The focus of this paper was a interdisciplinary team approach for "eight retarded educable delinquents, aged 11 to 15, whose IQs ranged from 65 to 85 and whose behaviors included constant acting out, habitual glue sniffing, poor school performance, and generally poor attitudes."

The purpose of the team was to provide system-based treatment programs for the youth. A team might include members of community agencies, a home psychologist, social worker (team coordinator), houseparent supervisor, recreational and educational directors, a physician, public school counselor, vocational rehabilitation counselor, and a minister. The parents were included as important members of the team, and the youngsters themselves had the role and function of expressing their needs and providing feedback to the other team members.

One of the first tasks of a team was to formulate goals and objectives and secure the commitment of each team member to make these successful. The coordinator took the responsibility of coordinating and informally communicating with team members between meetings. The team members had the responsibility for their services and services given by the staff of their agencies. Formal communication took place between the coordinator and the supervisor of residential staff and representatives of community agencies. Monthly progress reports were mailed out to team members and the team met bimonthly to facilitate communication and evaluate the youngsters' progress.

The result of this team approach was to dramatically reduce incidents of school truancy, running away, auto theft, and gas or glue sniffing. The boys' grade point average increased from 1.8 to 2.7 and five out of seven boys were able to return home at the end of spring term.

The author provided a case illustration of a 13 year-old boy in the program. Several hints for effective teamwork are provided: mutual goal setting, clear definitions of roles and division of labor, effective communication among team members, and a positive attitude toward the program.

**Comment:** A good article for line staff and students that are members of interdisciplinary teams.

Jones, K. (1985). Preschoolers benefit from interagency collaboration. *Children Today*, *14*(6), 18-22.

**Synopsis:** The author describes a pilot project on interagency collaboration (CARE Linkages Project) that initiated a Preschool Screening Fair and a parenting workshop in a rural community in Tennessee.

The Tennessee Children's Services Commission identified rural Weakley County as the site for its CARE (Children's Agencies, Resources, etc.) Linkages Project. This project, funded by the Head Start Bureau of the Federal Administration for Children, Youth, and Families, was designed to explore and develop interagency and interdepartmental collaboration among preschool programs and service providers. It was hoped that this project would increase or improve the coordination of health, education and social services for children in Tennessee's preschool programs.

District coordinators were appointed in rural areas, and they were to choose members of an interagency and interdisciplinary committee. The committee might include representatives from Head Start, public and private preschool programs and day care centers, mental health and health care agencies, county human services departments, school systems, college and university programs, or voluntary organizations.

The Weakley County Committee was recruited in October 1983. The author does not mention the types of agencies represented on this particular committee. The Commission charged the County Committee with the task to "identify barriers to coordination of services to preschoolers, explore ways to eliminate duplication of efforts, and design methods to coordinate and share resources in order to maximize service quality and quantity." The author describes this as a tedious job, but it did result in "some quick 'fixes'."

Consensus developed on the committee to adopt a concrete project which the members could carry out. The committee decided to sponsor a county-wide comprehensive screening in 1984 for preschoolers to identify children with developmental delays and hearing and/or visual deficits. This screening fair included fun activities for the children and information booths. Screening was done by committee members and "outside" volunteer professionals.

Follow-up data were only available for the 45 children who were subsequently enrolled in Head Start. Many of these children improved in that program and a case example is given. A parenting workshop was sponsored by the committee during the following year.

The author found that in most cases the usual barriers to coordination--turf protection, lack of money and time, and personality conflicts--were not significant. It is suggested that coordinated projects should focus on one concrete and manageable project at a time that reflects the interests and needs of committee members.

Local - Descriptive

Several critical components to effective implementation of the interagency committee model are listed: (1) the committee must have a clear understanding of purpose and be sincerely motivated to work together to improve services; (2) the interagency committee must carefully assess needs for collaboration; (3) there must be an interested person with community organization skills who can recruit the committee and provide support; (4) the committee must be "very focused on a concrete project;" and (5) the chairperson must be very motivated to make changes in the delivery of services to children.

**Comment:** An informal description of a project that may be of interest to administrators and program managers.

**Local - Descriptive**

Kurtz, L.F., Mann, K.B., & Chambon, A. (1987). Linking between social workers and mental health mutual-aid groups. *Social Work in Health Care*, *13*(1), 69-78.

**Synopsis:** The authors surveyed 120 mental health social workers about their interactions with four mental health mutual-aid groups. It was found that many social workers do not refer clients to these groups, especially those that are therapeutically-focused.

The authors begin by defining referral as a form of interorganizational linkage. They hypothesized that social workers would not refer clients to mental health mutual-aid groups because these groups represent a form of competition. Also, it was hypothesized that social workers would prefer expert roles (consultant or lecturer) rather than take a role involving more peer-level cooperation.

The four mutual-aid groups studied were Recovery, Inc., Emotions Anonymous, GROW International, and the Manic-Depressive and Depressive Association (MDDA). All four of these organizations allow only fellow sufferers to lead meetings, and they discourage professional facilitation. It was found that social workers refer the most clients to MDDA (34%), then Recovery, Inc. (32%), Emotions Anonymous (16%), and GROW (14%). There was very little other linking activities, such as attending meetings, inviting the group to meet in the agency, or sponsoring a group.

These data support the hypothesis that social workers would refer less frequently to mental health groups. MDDA is primarily an advocacy group. The authors suggest that these findings support the "interorganizational theory that competition increases and cooperation declines when domain similarity is high."

The authors see a need to increase information exchange and decrease competition. Social workers should try to establish linkages beyond referral.

**Comment:** A well-written article that applies theoretical material to direct practice. It would be of interest to direct service practitioners and program managers.

Kurtz, L.F. (1985). Cooperation and rivalry between helping professionals and members of AA. *Health and Social Work, 10*(2), 104-112.

**Synopsis:** The author studied the relationship between Alcoholics Anonymous group members and alcoholism treatment professionals (located in the same communities) and developed a profile of their interactions, ideological similarities, and linking activities.

The conceptual basis for this study is in interorganizational theory, especially political economy theory and how it may be applied to relations between organizations. The author analyzes how AA members and professionals may be harmonious or conflictual in their interactions (volunteers, information, referral, credibility, personnel) or achieve domain consensus (form an agreement about shared resources, divide the labor, or attempt to co-opt each other). "To achieve productive interdependence cooperating organizations must develop coordinating strategies that reduce conflict and promote the goals of both groups."

The balance theory of coordination suggests that organizations in the same community achieve an equilibrium between independence and dependence by strategic *linking activities* that reduce the threat of co-optation. *Ideological differences* may create interorganizational conflict and may be a factor in the political economy model.

The author proposed four hypotheses in this study: (1) professionals and AA members who interact often will perceive cooperation; (2) domain similarity in the form of rendering similar services will result in a perception of decreased cooperation; (3) cooperative professionals will choose different linking roles for working with AA members than will noncooperative professionals; and (4) when professionals and AA members adhere to similar ideologies, they will perceive cooperation between each other.

Surveys were conducted of AA members and treatment directors of community-based alcoholism programs. Staff of three treatment centers were interviewed in a follow-up study as well as AA members in their respective communities.

The majority of respondents reported that they thought that local AA groups and treatment centers cooperated with each other. Cooperation was found to increase with more interaction between organizations. Overlapping domain consensus (alcohol treatment) did not hinder perceptions of coordination. Cooperating professionals did engage in different linking activities with AA groups than noncooperating professionals. Some of these linking activities by cooperative professionals were: holding AA meetings in treatment centers, arranging visits by professionals to open AA meetings, and having AA members work in treatment centers. Finally, the authors found that cooperative professionals and AA members differed little in ideology scales. Noncooperative professionals differed significantly from AA members in ideology scales.

**Local - Descriptive**

The follow-up interviews revealed that the most cooperative treatment center interacted often with AA because half of the staff were members of either AA or Al-Anon. The staff of the second treatment center did not have time for interaction with AA members and they had some conflict with this program. The third treatment center had problems with AA that were accentuated by a 10-year history of noncommunication and misunderstanding.

**Comment:** A very important and interesting study that is theoretically based. It provides useful local information for professionals interested in increasing cooperation with mutual-aid groups. This article would be of interest to administrators, program managers, direct service staff, researchers, and academicians.

**Local - Descriptive**

Kurtz, L.F., Bagarozzi, D.A., & Pollane, L.P. (1984). Case management in mental health. *Health and Social Work*, 9(3), 201-211.

**Synopsis:** The authors surveyed 403 case managers in community mental health centers to see how the workers' educational level, professional identification, and demographic characteristics influenced their performance of case management tasks (assessment, planning, linking, monitoring, and advocacy).

Case managers in Georgia usually take responsibility for ensuring continuity of care between hospital and outpatient services, and to secure follow-up services for clients who have severe disabilities. Administrators have a variety of views on the level of education needed for case management: some believe a master's degree was necessary, others see case management as a clerical position that requires no formal training. There is disagreement about whether psychotherapy should be considered a task of case managers.

The case managers surveyed performed the following activities most often: forming service plans, holding discussions with other agency staff, and reading progress notes. Linking and advocacy activities occupied case managers the least often. The age of the case worker was unrelated to which activities were performed most often. The most highly educated workers were more likely to perform the following activities: individual service plans, take social histories, and interview families. Workers with the lowest levels of education usually perform the following tasks: in-home intakes, take clients to other agencies, visit clients in other facilities, help plan discharges with other agencies, and intercede for clients to obtain needed services. Eighteen percent of the case managers surveyed reported that they perform psychotherapy.

The authors state that the results of this survey have implications for social work practice, administration, and education. MSW workers did not perform any case management function more frequently than other personnel did, even though most of the tasks seemed to be typical social work activities. Case managers with higher levels of education performed a greater number of case management activities than those with lower educational levels, and required less supervision. Hiring higher-level personnel may result in a more efficient and autonomous staff in community mental health centers. Finally, the authors make several suggestions for undergraduate and graduate social work curricula. The authors state the need for more research in the field of case management.

**Comment:** An article that would be of interest to administrators, program managers, and educators. May be of special interest to educators in the field of social work.

Lee, J.T. & Stein, M.A. (1980). Eliminating duplication in home health care for the elderly: The Guale Project. *Health and Social Work*, *5*(3), 29-36.

**Synopsis:** The authors describe a demonstration project where county and local services formed a joint homemaker-home health aid program for the elderly. These services improved quality of care and eliminated duplication of services.

The Chatham (Georgia) County Department of Family and Children Services, (which had a prior homemaker program) and a local voluntary agency, Combined Public Health Services (which had a prior home health aide program) set up the Guale Homemaker-Home Health Aide Demonstration Project. The objectives of the project were to demonstrate the feasibility of such a project, and eliminate inefficient duplication of effort by the two agencies. The project was to serve fifty elderly adults in the area.

A coordinated body was established to administer the program, and this group had some autonomy from the parent organizations in its decision-making. Five homemakers were trained to function as home health aides. The deputy director of the Division of Family and Children Services, Georgia Department of Human Resources, was able to negotiate a waiver from Title XX administrators to allow these trained workers to assist clients with self-administered medications and range-of-motion exercises.

Because of problems with funding and staffing, the project only ran for 5 out of 9 months (between October 1977 and June 1978). Clients received supervised homemaker-home health aide visits (average of three a week), a monthly reassessment visit by a nurse and social worker, and a physical therapist as needed. Roles of the nurse, social worker, and homemaker supervisor are described.

Duplication of services was eliminated. Also, the duplication of eligibility review, needs assessment, and case management between the two agencies was eliminated. A communication link between the two agencies was established for notification of new clients being served. This prevented duplication of services from recurring. The program was cost-effective: the average savings to clients who had previously had duplicate services was $33.86 a month. The team approach was found to be helpful in providing a higher quality of care.

**Comment:** An article that would be of interest to administrators and program managers.

**Local - Descriptive**

Mallory, L., Wilkinson, B., & Andreozzi, J. (1982). When agencies work together--Rewards and pitfalls. *Practice Digest*, *5*(3), 34-35.

**Synopsis:** This article is a case study of collaborative efforts between grass-roots organization and three traditional direct-service agencies in order to provide outreach, education, prevention, individual, and family counseling services to the Southside residents of Milwaukee, Wisconsin.

The project was initiated by a popular community organizer for South Community Organization, a grass-roots organization that serves the Southside, a working-class community. He applied for a grant from United Way and was told that counseling could not be funded. He was advised to try a joint project with traditional counseling providers because United Way was stressing interorganizational collaboration. Family Service of Milwaukee, Catholic Social Services, and Lutheran Social Services were willing to join the project.

As the joint project began to serve clients, two areas of conflict developed. First, the traditional providers thought that the project was a four-agency effort and the credit would be shared equally. As it turned out, the South Community Organization took most of the credit which undermined one of the goals of the project: to familiarize the residents with the three traditional agencies. Second, lines of authority were unclear because the grass-roots organization was more egalitarian than the three traditional providers. Although a solution was attempted by the South Community Organization, these conflicts were not resolved and the grass-roots initiator withdrew from the project.

The joint project continued smoothly with the three traditional direct-service agencies. It was refunded for a second three-year period. The authors suggest that conflict may have originated from the different points of reference and philosophies of professional social workers and community organizers. Andreozzi urges agencies to have better communication before beginning coordination projects. Wilkinson, another professional involved in the project, felt that the conflicts were idiosyncratic and not usual for collaborative efforts between grass-roots and direct service organizations.

**Comment:** A good case study of collaboration between grass-roots and traditional direct-service providers. It would be of interest to administrators and program managers, and community organizing professionals

Morrison, J.L. (1987). Youth suicide: An intervention strategy. *Social Work*, *32*(6), 536-537.

**Synopsis:** The author describes a joint program between a high school in Minnesota and a local mental health center to prevent suicide of adolescents.

Crow Wing County, Minnesota was the site of some adolescent cluster suicides. In the 1984-1985 school year there were three teenage suicides in a high school with a student body of 300. The local mental health center proposed the following strategy: (1) closer liaison and backup for school counselors; (2) development of peer counseling services; (3) in-school support groups; (4) in-service to school faculty; (5) introduction to the curriculum of information on coping skills and identification of suicide risk; and (6) a community forum on youth suicide.

An objective of this project was to encourage adolescents to report their friends who were talking about suicide and refer them to a trusted adult. This was communicated to the students by radio, word of mouth, and meetings. The mental health center was besieged by calls and teenagers brought their friends to the center, even a year after the initiation of this program.

In-school support groups were very successful. Students felt more comfortable attending groups at school rather than in the mental health center. Also, parents of students were resistant to having them be seen at the center.

Faculty in-service was "probably the least effective method of preventing suicide." Teachers remark that they do not know their students well enough and the students agree. There was resistance by teachers to introducing suicide information to the classroom, and the mental health center staff chose to provide support, consultation, information, and speakers for teachers who did wish to present material on suicide.

The community forum had a local physician, a minister, a school counselor, and a mental health center staff person. The inclusion of a minister on the panel was particularly helpful for members of the audience with moral and spiritual concerns about suicide.

Intervention with the media helped the newspaper staff to tone down sensational articles that may have generated "copycat" suicides.

**Comment:** An article that would be of interest to administrators, program managers, school personnel, and direct service practitioners.

**Local - Descriptive**

Nahme-Huang, L., Singer, D.G., Singer, J.L., & Wheaton, A.B. (1977). Imaginative play training and perceptual-motor interventions with emotionally-disturbed hospitalized children. *American Journal of Orthopsychiatry*, *47*(2), 238-249.

**Synopsis:** The authors describe an evaluation study of fantasy play training (clown workshop) versus perceptual motor training (dance and movement therapy) versus a control group at the Children's Unit at the Connecticut Valley State Hospital.

The authors made creative use of interorganizational networking by utilizing two clowns from the Long Wharf Theater Clown Workshop Group. The professional clowns encouraged fantasy play by setting up activities where the children would role-play clown characters in assorted dress-up clothes and props. Each child in this group created their own "Clown Book" which contained pictures and stories about the characters created by the children. The results of observation of the clown, movement, and control groups after six weeks were impressive. The groups had only met for one hour a week, yet the test group children made statistically reliable gains over the control group in spontaneous imagination, liveliness, positive affect, and cooperation. The clown group made more gains in imaginative and self-regulatory behavior, while the movement group showed relatively more progress in social interaction. Two case studies are provided. The children in this study were aged 7-14.

**Comment:** This article is written for practitioners that work directly with children with emotional disabilities.

Rotberg, J., Forness, S.R., Lynch, E.W., Gardner, T.P., Urbano, R., & Bender, M. (1982). Status of interagency cooperation between interdisciplinary clinics or hospitals and the public schools. *Child Psychiatry and Human Development, 12*(3), 153-159.

**Synopsis:** The authors conducted a survey of 26 UAF (University Affiliated Facility for Developmental Disabilities) hospitals and clinics as to what services they offered to public school children and what level of coordination of services had been developed between the UAF and the local public schools.

The UAFs are a federal network of clinics or hospitals that provide interdisciplinary training, research, and the development of model programs in the field of developmental disabilities. Each UAF is required to have a special education faculty or staff member to train education students and educate other professionals about the school problems of clients treated or evaluated in the UAF clinic. The public school has traditionally been a significant source of referrals for UAF services. The authors designed this survey both to assess the status of interagency relationships between the UAFs and local school districts and to investigate issues related to establishing formal interagency cooperative agreements.

The survey was returned from 26 of the 38 UAFs with special education components. The UAFs reported that the most commonly requested service by the schools was diagnostic evaluation. The next three highest ranked and most often reported services were "community outreach" activities: case consultation in public school settings on behalf of individual children, conducting training activities for public school staff at the UAF setting, or providing on-going classroom instruction at the UAF. Only four of the 26 UAFs that responded to the survey reported that they provided psychotherapy or counseling to school children or their families.

Seven of the 26 UAFs surveyed described *formal* contracts between their hospital or clinic and public school agencies. In most cases the agreement was to achieve public school funding for the salaries of classroom teachers or aides at the UAF site. These agreements were with local school districts rather than the state department of education. Twelve other UAF settings reported *informal* agreements in the form of memos or letters exchanged between their agency and a local school district. Twenty of the UAFs surveyed reported that staff members participate in public school IEP (Individual Education Plan) meetings.

The authors infer that the UAFs provide more technical or "expert" support than schools can provide to students. Usually cases are seen at the UAF that have been referred by specialized school personnel, such as school psychologists. The authors found it somewhat surprising that UAFs do not provide more psychotherapy, counseling, and speech therapy. Finally, they stated that it appears to be "that tertiary diagnostic and treatment services [UAF settings] are a potentially fruitful area in which formal interagency cooperative agreements with public schools should be explored."

Local - Descriptive

**Comment:** A somewhat lengthy article that describes one type of agency with potential for interagency agreements. It is somewhat limited in that it studied the dyadic relationship with only one other type of institution (local schools) rather than the full range of possible interorganizational agreements with institutions used by families with children who have physical and/or emotional disabilities.

Ryan, F.J. (1980). A consortium to coordinate public and voluntary sectors under contract in child welfare. *Child Welfare, 54*(10), 607-614.

**Synopsis:** This article describes the development of a consortium of voluntary agencies and other contractors who provide foster care that aspired to work together to generate a comprehensive child care program.

Four voluntary agencies under contract with the Department of Human Services (DHS) to provide foster care met in 1978 to discuss common concerns. These ranged from the underlying philosophy of the DHS on foster care to the practicalities of the contracting process. The agencies found that the complexities of the contracting process caused no two agencies to receive the same cost per unit service or definition of service elements. The information exchange at this meeting also revealed that there was a lack of comprehensive permanency planning. The four agencies as well as several churches, an infant-child care institution, and an adoption agency, formed the Consortium for Child Welfare to develop a new relationship between public and voluntary agencies.

In April 1979 the consortium submitted a proposal to the DHS, which was composed of five major elements describing what the consortium members were prepared to do: to (1) increase agency capacities to serve children; (2) expand foster care facilities for children with special needs and disabilities; (3) share agency resources to permit maximum use of agency services to meet a child's needs; (4) provide casework services to parents of children to facilitate long-range case planning; and (5) develop a joint agency process for selection of children into the total program and for periodic review of each child's status. To facilitate the joint agency process, the consortium hired and paid for a coordinator to be a professional link between themselves and the DHS.

The consortium received grant funding for the coordinator's position and began to implement the general plan in May 1980. The author describes three major areas that still need to be worked out, all of which concern interorganizational issues. First, there is a need to delineate the relationship between the licensed agencies and the other entities within the consortium. If church foster care programs borrow caseworkers from a licensed agency, these workers will perform evaluations, recommendations, and decision-making in settings not under administrative control of their agency directors. Second, contracts between the entities of the consortium and the DHS must be amended to provide for expansion of services (a "blanket" contract for the consortium was found to be unworkable). Third, the expanded services provided by the consortium necessitate a reassessment of the working relationship between the public and private sectors in the areas of responsibilities and duties.

The author provides an appendix with a copy of the charter for the consortium.

**Comment:** This article was written for administrators and program managers interested in how to form a working consortium.

**Local - Descriptive**

Walizer, E.H. (1980). Achieving success in posttreatment educational placements. *Child Welfare*, *54*(5), 299-309.

**Synopsis:** This article discusses how to facilitate good educational placements for adolescents with emotional disabilities when released from residential treatment.

The author of this paper takes the point of view that a good school placement requires a long-term commitment by the worker, which involves a great deal of contact with members of the school staff.

One topic of interest mentioned is **confidentiality** as it relates to the aftercare worker's relationship with the school. As well as needing parental permission before releasing educational and social information, the worker should be selective as to what information should be shared with school administrative staff and teachers. This will help to avoid negative expectations and self-fulfilling prophecies by the school staff.

Several hints for informative conferences with the receiving school are mentioned: acknowledge the youngster's needs, provide minimal social background information, describe the support system available to the student, information that will help teachers and staff work with the youth (effective rewards, how to handle potential trouble areas, special interests, cognitive development, etc.), and to inform the school of the liaison worker's role.

To prepare the client the author recommends that the worker meet with the student and possibly the family to discuss educational goals. The liaison worker may go with the student to enroll unless the parents do so. Students are often fearful of returning to old behavior patterns and the placement worker should support the youngster's emotional needs in the transition. The author suggests role-playing to rehearse ways to handle situations.

When the client returns to school there is often a rough adjustment period with frequent trips to the office and suspensions. The author advises the worker to take a problem-solving rather than a recriminatory approach with the student. The school staff may need reassurance during this time, and help putting the current behavior in the context of the student's past difficulties. The worker may also help the school personnel by using active listening skills, displaying concern, and "refusing to panic." A conference with student, teachers, and/or administrators may help negotiation to avoid further disruption.

**Comment:** A good, practical article for professionals working to return adolescents to the school system. The section on confidentiality is especially relevant to all professionals working with children and adolescents involved with several agencies.

Weiss, C.I. (1986). Agency "domain" and mental health care for the aged: A case study of services integration planning. *Human Organization*, *45*(3), 239-245.

**Synopsis:** The author describes a state-funded demonstration project to coordinate local services through voluntaristic planning.

Twenty-two agencies proposed a coalition to oversee integrated care for clients of all ages. This multi-agency coalition was to serve as the planning body of county, city, and state mental health authorities. Integration was to take place locally (local offices of several agencies would sign agreements to share staff, etc.) and vertically (between local agencies and superordinate authorities). Vertical integration was eventually rejected by these authorities.

In the beginning of the project, many of the agencies were "barely on speaking terms." This was due to local battles over "turf" between large and small providers. Member agencies had difficulties in evaluation, referral, placement, and follow-up of clients.

The author of this article was the researcher and planner for the project's geriatrics plan, and is also an anthropologist. The project was staffed by a project director (psychologist), heads of aging programs in two city-run hospitals, a state hospital staffer, an administrator for a philanthropic social service agency for the aged, and a representative from the aging office of the city.

The project formed a coalition to coordinate services for the elderly. The group decided that the core agency should be a psychiatric provider with strong hospital ties. The final plan proposed four core agencies to represent and oversee the care of the entire population within its jurisdiction (all ages). Core agency functions would be overseen by the multi-agency coalition. The work group pressed for domain expansion (casefinding) as well as increased expenditures. In an era of human services budget cuts, this was not a feasible plan.

The project was a success in several aspects: local agencies were "willing to go on record to accept and promote the concept of a shared domain." County, city, and state regional mental health officials were unconvinced that the work of the project would differ from their own integrative responsibilities, and the project was phased-out when the planning year expired.

The author found two lessons to be learned from this project. First, the attention of participants should have been restricted to "existing" rather than "new" resources for providing care. Second, the project failed to mobilize political support to secure funds to continue the plan. The author concludes: "interagency planning can fail without acknowledging and responding to bureaucratic and political processes context."

**Comment:** An article that would be of interest to administrators and program managers.

**Local - Descriptive**

Whiting, L. (1977). A community multidisciplinary child protection team. *Children Today*, *6*(1), 10-12.

**Synopsis:** This article describes the formation, composition, utilization, growth, and development of a multidisciplinary interagency child protection team.

The Montgomery County (Maryland) Child Protection Team began in February 1974. The team's function was to provide advice, support, and consultation to child protective services workers. The team had no line authority, but was designed as a group to whom protective services workers might turn for help in planning case services and intervention strategies. The members of the team were chosen from the supervisory rather than direct service or administrative levels, because it was hoped that they would be able to both commit resources of their agency when needed and be able to discuss case management. The team was administratively placed in the Office of Human Resources, a planning and coordinating agency.

The team membership consisted of: the Child Protection Coordinator, a supervisor from protective services, a pediatrician and community health nurse from the Health Department, a supervisor of pupil services from the local public schools, an attorney from the County Attorney's Office, a child psychiatrist in private practice (under contract), and an officer from the Juvenile Police Department. Each team member had an alternate who would attend meetings when the regular member was absent. The team met weekly for 3-4 hours to consider case presentations and issues of case management, child abuse, and neglect. If a case presentation involved outside agencies, workers from these agencies were invited to be present.

The characteristics of cases presented in the team meetings are given. It was found that the community had the most need for resources to serve young boys and adolescent girls. The team also developed recommendations for evaluating reports of emotional neglect. It was found that sometimes neglect cases were referred to the team because the protective service workers could see no progress (and felt the case was hopeless). In these cases, the team could come up with no better solution to effect change than the agency had.

The author concludes that the Child Protection Team was useful and helped in: developing better communication between relevant agencies, supporting difficult decision making, devising plans and intervention strategies for complex situations, and providing training and visibility in children's issues for professional and lay community groups.

**Comment:** This article may be of interest to administrators, program managers, and supervisors, especially in the field of child protective services.

## LOCAL AND STATE - DESCRIPTIVE

The articles in this section describe programs on the state or the state and local levels. Some topics covered are:

- Do agencies at different hierarchical levels (local, county, or state) have different relationships with other agencies? Are some levels more formal or informal in their interactions than others (Klonglan, Warren, & Winkelpleck, 1976)?

- The Massachusetts Special Education Law created Interagency Discussion Groups to prevent and reconcile conflict between agencies (Schwamm, 1981).

- A residential and secure child and adolescent treatment program in a state hospital had difficulties in discharging patients to local communities (not enough local support) and was responsible to four different state agencies (Zaslow, 1977).

Klonglan, G.E., Warren, R.D., Winkelpleck, J.M., & Paulson, S.K. (1976). Interorganizational measurement in the social services sector: Differences by hierarchical level. *Administrative Science Quarterly, 21* (December 1976), 675-687.

**Synopsis:** The authors designed an eight-item cumulative measure of interorganizational relations and evaluated 156 social service agencies on three hierarchical levels (state, district, and county). The difference between empirical and theoretical item ordering is compared and a revised theory of interorganizational relations is proposed.

The authors ranked eight items from low to high intensity of interorganizational relations, as follows: (1) director awareness of the existence of another organization; (2) director acquaintance with the director of another organization; (3) director interaction between organizations; (4) information exchange (newsletters and reports); (5) resource exchange (funds, material, or personnel); (6) overlapping board membership or staff; (7) joint programs, or coalition to plan and implement activities; and (8) written agreements to share activities between organizations.

Empirical ordering, by using the frequencies of positive responses, was developed for each hierarchical level (state, district, or county). None of the empirical orders were completely homogeneous with the theoretical order. Findings agreed in ranking across the three levels for five items: (1) director awareness (first); (2) director acquaintance (second); (3) director interaction (fourth); (4) overlapping boards (seventh); and (5) written agreements (eighth). The three items that ranked differently in intensity for state, district, and county levels were: information exchange, resource exchange, and joint programs.

The authors propose that these three items are clues to making a qualitative distinction between the three levels.

The *state* level agency is likely to have its internal communication modified by interorganizational relations, and so the most frequent types of interorganizational contact is communicative, which occurs through interpersonal awareness, acquaintance, interaction, and information exchange. External communication with other agencies stimulates an increase in internal communication, which will stimulate the need for more information by the state agency.

A *district* level agency tends to use the following forms of interorganizational relations most frequently: interpersonal awareness, acquaintance, interactions, and joint programs. The importance of joint programs has the following benefits: formalization, innovation, and decentralization as well as providing additional resources.

The *county* level has interpersonal awareness, acquaintance, interactions, and resource exchange as its most frequent forms of interorganizational relations. Resource exchange is seen as being more temporary and short-lived than the formation of joint programs. The authors conclude that the resource exchange material at the state level is information and at the county level it is materials.

**Local and State - Descriptive**

At all three levels, the least frequent forms of interorganizational relations were overlapping boards and written agreements to share activities.

**Comment:** An article that would be of interest to administrators, program managers, and planning, administration, and management students interested in interorganizational relations.

Schwamm, J. (1981). Educating children with special needs: An interorganizational perspective on policy implementation. *Children and Youth Services Review, 2,* 387-402.

**Synopsis:** This article describes problems and successes that occurred during the implementation of the Massachusetts Special Education Law (Chapter 766). Interorganizational relations at both the state and local levels are emphasized.

The Massachusetts Special Education Law, passed in 1972, was the forerunner to the federal Education for All Handicapped Children Act (P.L. 94-142) of 1975. Successful policy implementation was hypothesized to be dependent upon: policy resources, economic, political, and social environment, characteristics of the implementing agencies, and interorganizational communication and enforcement activities. The law provided for the formation of "Interagency Discussion Groups" which, through professional rather than bureaucratic authority, would prevent and reconcile conflict between agencies.

The implementation of this law called for radical reorganization of services to children with developmental disabilities. These children were transferred from the care of the Department of Mental Health to local educational agencies. Previously, children were placed in private residential facilities. With the implementation of Chapter 766 they were transferred to their communities for care. This aroused resistance by parents and professionals in support of residential care. Finally, the additional responsibility of providing services to youth with disabilities in the 18 to 21 year-old age group was given to the local educational agencies. The schools did not have either the funding or the expertise to provide programs and services to this population.

There was confusion at both the state and local levels. Implementation funds were inadequate. Chapter 766 was an educational law and was administered by the state education department. Many of the children were also served by the Department of Mental Health through Chapter 735, the Massachusetts Mental Health and Retardation Law. This resulted in conflict at the state level over which agency had the power necessary to make decisions regarding the mental health services required under Chapter 766. At the local level, educational agencies and mental health and retardation agencies were obliged to follow the directives of locally elected school boards and city councils.

A positive outcome that used area-based planning was found in a preschool program serving two suburban communities in the Boston area. "Area-based planning" was defined as several communities coming together through a formal collaborative arrangement. A professional/consumer board and paid staff provided special educational services in the least restrictive environment with increased effectiveness at a reduced cost.

**Comment:** This article may be of interest to legislators as well as social service and educational administrators.

Zaslaw, G.D. (1977). Intensive secure treatment for children and adolescents. *Child Welfare*, *56*(8), 529-536.

**Synopsis:** This article outlines a state hospital-based secure treatment program for children and adolescents with severe emotional, behavioral or mental disabilities. Problems encountered with returning clients to community-based treatment are also described.

The Oregon Child and Adolescent Secure Treatment Program was begun in 1975 in response to lack of services for youngsters with severe emotional, behavioral or mental disabilities in the state. This program was to provide crisis-oriented services, coordination of resources, continuity of care, and consultation to the local communities on behalf of these youth. The in-patient part of the program was housed at Oregon State Hospital and treatment was managed by an interdisciplinary team (child care worker and professional staff). There was a three-person community outreach team that worked to provide continuity of care for the client from referral to placement to discharge and follow-up through enabling community involvement in treatment planning and goals. Had funding been available, this team would have provided "a mobile consultation team for statewide use."

Although this article was written only two years after the initiation of the program, the author outlined two concerns that came up. First, the program had a waiting list for reasons more related to lack of community resources (and thus difficulties with discharging clients) than to an overabundance of youth with severe disabilities. Second, the program was established according to the interests of four public agencies: the Legislature, Children's Services Division, the Mental Health Division, and Oregon State Hospital. This made its political environment complex, the delineation of authority and responsibility vague, and put the program in jeopardy of political manipulation.

The author asserts that if more planning and cooperation were to occur between public and private sectors a true continuum of care might be established.

**Comment:** This article would be of interest to administrators and program managers in both private and public agencies.

## LOCAL - EXHORTATIVE

The articles reviewed in this section are more editorial in nature; they reflect the opinions of the author(s) on various aspects of case and interagency collaboration at a local level.

- **Role of the direct service worker**: case coordinator, medical social workers, and teachers
- **Populations to be served**: homeless children, clients who have chronic mental illnesses, children with developmental disabilities, and children with emotional and behavioral disabilities
- **Fields of service**: education, special education, community mental health, rural mental health, and health care
- Arguments in favor of the need for interagency collaboration
- Barriers to service integration
- Suggestions for how an agency administrator might go about setting up interagency agreements
- **Multi-Service Centers**: "one-stop shopping" for comprehensive neighborhood services in a single setting

**Local - Exhortative**

Bertsche, A.V. & Horejsi, C.R. (1980). Coordination of client services. *Social Work, 25*(2), 94-98.

**Synopsis:** The authors present an overview of the conceptual and historical framework for case coordination and describe the knowledge, skills, and activities essential to this service.

Case coordination history dates back to the late 1800's with the formation of the Charity Organization Movement which strove to correct the lack of coordination among services and fund-raising activities. This interest in coordination of client services has continued to the present in the field of social work. The authors assert that present-day court decisions ensuring the right to treatment, malpractice suits, and program accountability have renewed interest in case coordination. Another current trend effecting case coordination is an appreciation for "natural helping networks," which has led to an interest in coordinating not only formal, but also informal helping networks effecting the client system (church, friends, and neighbors). This article focuses on the issues of coordination on the case level rather than the program or resource level.

What does a case coordinator do? The authors define the role as a professional who provides direct service based on a written plan that is designed to "mobilize and coordinate all significant resources, formal and informal, needed and desired by the individual and his or her family to deal with a specific problem or a set of interrelated problems." The theoretical framework for this role is based on systems theory. The case coordinator works to fight entropy of the client system by keeping everyone informed and redirecting activities toward the intervention plan.

The authors outline some of the areas of challenge for a case coordinator. First, the differences among professional ideologies may contribute to interagency and interprofessional conflict. Second, group dynamics may ignite previous conflicts between agencies, professional groups, and providers. Third, the coordinator must find a way to maintain the interest of other professionals. Finally, case coordination is an expensive activity in regard to staff time, and is not usually covered by insurance providers.

Intensive group discussions were held with several "successful" case coordinators and the authors outlined and identified thirteen basic tasks of a case coordinator. Many skills that are useful to case coordinators are listed (e.g., knowledge of group dynamics, advocacy, crisis intervention, record keeping, etc.).

**Comment:** A useful article to direct service professionals and students that may also be of interest to administrators and program managers of systems-oriented programs.

Bloch, A. (1984). Twenty-year follow-up of pupils in a special class for the mentally retarded: A study of a complete school community. *American Journal of Orthopsychiatry*, *54*(3), 436-443.

**Synopsis:** The author conducted two follow-up studies of a group of 18 pupils with mild retardation in a special class in Israel in 1956. This study attempted to evaluate, at three and twenty years later, the educational, medical, psychiatric/psychological, marriage/family, and employment/economic status of the students.

Significant differences were found in the length of education and academic grades of the special needs children and their contemporaries. The author found that 50% of the special needs children had medical problems that required urgent treatment or supportive monitoring in the three-year follow-up. This raised an important question: Does the presence of undetected illness impact the learning ability of individual children (e.g., severe ear infections)?

Three students in the special class exhibited extreme social withdrawal and acting-out behavior (lying, aggression with other students). There was no evidence of delinquency or criminal activity on follow-up 20 years later with any of the special class students.

At the 20 year follow-up it was found that 15 out of 16 of the index pupils had married and 14 had families of one to four children. All offspring were examined and found to have normal development. Many of the children in the special education class were able to improve their economic status beyond their parents' level through vocational training.

The author emphasizes that educational work with children with mild retardation should be *individually* based. He stresses the need for interdisciplinary education and cooperation among professionals serving this population.

**Comment:** This article points out the need for good communication and interorganizational cooperation (medical, social, and educational agencies) on behalf of special needs children.

Brown, B.S. (1977). Conflict and detente between social issues and clinical practice. *American Journal of Orthopsychiatry*, *47*(3), 466-475.

**Synopsis:** An article that discusses the split in the mental health profession between advocates of social and clinical approaches to the problems of clients.

This article provides a good description of the mental health system in 1977. The author proposes that the Community Mental Health Center is a model for "creative conflict and a hope for detente" between proponents of the clinical services and social change approaches.

The author sees improved interorganizational linkages to be an "issue on the near horizon," one of several that will change the face of clinical practice.

**Comment:** An interesting article to read for its description of the state of mental health services in 1977. May be of interest to planning and policy students who wish to understand the Community Mental Health movement and how it may relate to the growth of interest in interorganizational cooperation.

**Local - Exhortative**

Davies, B. (1976). Relations between social worker and teacher. *Social Work Today*, *8*(8), 9-11.

**Synopsis:** This article highlights the interpersonal, interprofessional, and interorganizational aspects of relationships between teacher and social worker.

Interpersonal conflict between teachers and social workers can arise from stereotypes. Social workers are often unaware of the demands on teachers from parents, and how "the monotonous rhythm of the school week and year can destroy imagination and flair." Teachers may not know about procedures for taking a child into care, the understaffing and overloading of the social services system that can make work with pupils a low priority, or how this volume of work might make caring responses difficult. Each profession works within a powerful bureaucratic structure, and this can hinder interagency exchanges.

The two professions have different professional values, principles, and roles. They define their clientele differently: social workers usually do not focus principally on the child as a teacher would. In teaching, individuals are identified through streaming, categorizing, and so on, to ultimately place them in compatible occupations. Social workers try to use more subtle labelling procedures ("at-risk," family problems) to avoid possible stigmatization of clients. Finally, the functions of a teacher inherently center on instruction, explanation, and exposition. A social worker's role will use methods more related to observation, listening, questioning, and interpretation.

Large educational and social service bureaucracies strive to maintain their respective organizations and keep them running smoothly. As a result, responsiveness to other organizations may become more difficult. Scarcity of resources means that workers have to do more work (e.g., larger classes and caseloads), and they feel the need to present themselves to the outside world as if they could do the job properly. Judgment of the other profession may result after they have had to make hard choices. For example, a social worker might complain that teachers neglect curricula relevant to social needs, and a teachers might protest that a social worker is not sorting out "the kid's home situation."

The author suggests that there needs to be a new conception of professionalism, one which "sanctions and actively encourages the practitioner's criticism of his or her own agency and gives him or her confidence that, if alliances are formed with consumers, collective professional support will be forthcoming." In other words, organizational change could occur *from below*; interagency contact with other professionals could give workers or teachers needed information about what in their organization needs to change.

**Comment:** This article would be of interest to direct service providers, especially social work and teaching professionals.

Forness, S.R., Sinclair, E., Russell, A.T. (1984). Serving children with emotional or behavior disorders: Implications for educational policy. *American Journal of Orthopsychiatry, 54*(1), 22-32.

**Synopsis:** This article discusses four major issues in teaching children with emotional or behavioral disorders and emphasizes the need for interdisciplinary cooperation.

The four problems outlined in this article are: (1) the need to determine eligibility for services; (2) the need for "clinical teachers"; (3) the need to remove barriers to interorganizational cooperation; and (4) the need to monitor controversial treatment. The authors assert that some of these difficulties may be lessened by increased cooperation with other agencies.

One proposal of the authors is to model the teaching of special needs children on the example of clinical medicine, or "clinical teaching." The clinical teacher of special classes would have a role not unlike a chief psychiatrist: making rounds, examining children, and monitoring treatment plans. The clinical teacher calls on specialists (consultants, school psychologists, counselors, and others) only after regular treatments do not achieve positive change. School psychologists and other school specialists would no longer spend most of their time determining eligibility for services. Rather, they would help the clinical teacher with specific questions about the child's ongoing treatment and progress.

The authors sees a tendency to be fearful of referral to other agencies as a barrier to interorganizational cooperation. One reason for this may be that the schools worry that parents will see a referral as an admission of failure by the school. The authors suggest that there need to be more formal agreements between schools and other agencies.

Lastly, in the area of the need to monitor controversial treatments, the authors suggest that an increased exchange of interdisciplinary expertise would help distinguish "responsible scientific inquiry and pioneering from the claims of an ever-present fringe element which, however well-intentioned, may mislead vulnerable parents and their needy children."

**Comment:** A good, readable article written for educators and educational administrators on the need for interorganizational cooperation on behalf of children with emotional or behavior disorders.

Gewirtzman, R. & Fodor, I. (1987). The homeless child at school: From welfare hotel to classroom. *Child Welfare*, *66*(3), 237-245.

**Synopsis:** The authors review the literature on the effects of homelessness on children and families and propose a school-based support team to both ease the transition from welfare hotel to school and initiate preventative health measures.

This article describes the causes of homelessness and its effects on families. There is a very good description of the cycle of poverty and how the current social welfare and shelter system promotes family stress and break-up. The city of New York provides "welfare hotels" in dangerous areas of the city to house homeless families once they have used up the shelter system, and the children there exhibit behaviors that are in some ways similar to those of refugee children.

The psychological, developmental and educational effects of homelessness on children are reviewed. For example, life in a welfare hotel is not conducive to children keeping up with schoolwork, which leads to their falling behind their classmates, increased unhappiness with school, and finally not wanting to go to school at all. In some cases social service providers post signs and go from door to door to locate unregistered or truant children and then try to facilitate the transition between home, school, and community for these special needs children.

The authors propose a school-based support team, consisting of parent, child, teacher, hotel workers, and workers from any other social service agencies involved (including child welfare agencies), that would help meet the needs of these traumatized children. The authors advocate in-service training for teachers to help them to provide a structured, stable, and nonthreatening environment for the children. Open communication by the children should be encouraged in a trusting environment, which might enable them to express their fears and frustrations. Children who have difficulties with verbal expression (especially children who have developmental delays or emotional disabilities) may find self-expression through art. The school may need to provide more recreational outlets to these children to help them find acceptable uses for their energy. The authors advise professionals working with homeless families to "set small, concrete goals for themselves lest they feel overwhelmed by the multiple hardships and harden themselves to avoid a sense of personal ineffectiveness."

**Comment:** A good article for direct service professionals and teachers working with homeless children and their families. Administrators interested in school-based intervention or developing programs to help homeless children may find this article useful.

Hagebak, B.R. (1979). Local human service delivery: The integration imperative. *Public Administration Review*, (November/December 1979), 575-582.

**Synopsis:** The author provides a description of community service integration, describes the interorganizational barriers, and offers guidelines and suggestions for integration of local human service agencies.

The author defines community service integration to focus "on the multiple needs of individuals and families through community-wide service delivery networks, bringing all community services together in a coherent whole, working toward unified approaches to policy development, administration, planning, and service delivery." The benefit for service workers is that highly-skilled specialists move from being with same-type professionals in a single service setting to working on a multi-specialty team. Managers would appreciate improved economy of scale, accountability, availability, and responsiveness within the system.

Three barriers to integration are identified. First, the barrier of organization which is related to the political environment of special interest which created categorical programs aimed to serve specific needs. Each of these programs has its own body of law, regulations, funding, structure, procedures, and service areas. The second barrier is that of personal identification with a particular program. Service workers and managers within a program seek to protect and improve the quality of their "turf." Barriers of vision are the final category. Workers, managers, politicians, and special interest groups often suffer from not being able to conceptualize and implement comprehensive programs, such as an integrated local delivery system.

Four general guidelines are proposed for service integration. First, it should be done at the local level. Second, this integration should be voluntary. Third, the autonomy of each organization should be recognized initially. Fourth, each local agency should identify its own individual barriers to joining with the other agencies and create methods for coping with them.

The barriers to service integration are powerful and the author proposes ten small steps, each of which would facilitate the initiation of service integration at the local level. The ten "touchpoints" are: knowledge base sharing, joint staff/board training, citizen board services, staff action groups, public awareness activities, joint needs assessment, joint reward systems, joint outreach sites, joint case management, and joint systems negotiation.

**Comment:** The author presents a clearly written and well thought-out argument for local service integration. This article would be of interest to program managers and administrators.

**Local - Exhortative**

Johnson, H.W., McLaughlin, J.A., & Christensen, M. (1982). Interagency collaboration: Driving and restraining forces. *Exceptional Children, 48*(5), 395-399.

**Synopsis:** The authors provide a current information base on interorganizational cooperation.

Driving forces for interorganizational collaboration are presented. Included among the 12 examples are: pressure from parents, clients, and advocates, federal initiatives, economic pressures, and the need to reduce duplication of services. Thirty more "problems and restraining forces" were cited and included: disagreement on target populations, lack of centralized information base, imprecise definition of agency responsibility and authority, confidentiality and transfer of records, and variability of client eligibility. The authors identify the primary barrier to collaboration as a lack of communication.

The authors feel that parents of children with disabilities would be good candidates for training in interorganizational collaboration because they advocate, plan, implement, and evaluate services for their children. Others who might be interested are: agency administrators, program managers, advocacy groups, service providers, and trainers (preservice/inservice).

Interpersonal relations were identified to be the single most important factor related to success in five case studies of interorganizational collaboration. It is suggested that an outside facilitator be employed to enhance collaborative philosophy, open communication channels, and increase trust and risk-taking among participants.

**Comment:** This article identifies several potential barriers to interorganizational cooperation, but provides little theoretical explanation or specific examples from the case studies. May be of interest to educators, administrators, and program managers.

Katz, A.J. (1978). Problems inherent in multi-service delivery units. *Journal of Sociology and Social Welfare*, *5*(5), 644-660.

**Synopsis:** The author outlines some of the difficulties inherent in coordination, multi-disciplinary teams, and referral. Three models of multi-service centers and the strengths and weaknesses of each are described.

Coordination seems to be the most rational answer to the problem that no single worker can provide all the services needed by any unique client at any time. Unfortunately, a coordinator usually starts in a "one-down" position with respect to another agency. Coordinators have mandates (responsibility) without the power to carry out their goals.

Multi-disciplinary teams strive to provide all services to individual clients. Difficulties with the team approach are: size (the more comprehensive the team, the more unwieldy), cost, duplication of services, and the nature of multi-disciplinary team dynamics (more powerful disciplines, e.g., physicians, may dominate).

Referral might also be termed a "serial model" where a caseworker might refer the client to another specialized agency to deal with problems outside their expertise. Unfortunately, clients often don't follow through, there is often duplication of intake process, and records are not shared between agencies.

The concept of a multi-service center for "one-stop shopping" of services by clients is an attempt to offer comprehensive care with a minimum of hassle for the client. The three models outlined are: (1) a key agency that in turn coordinates other service delivery from a centralized position; (2) a team approach with a central figure as a team leader; and (3) use of the referral mechanism from a centralized perspective. Positive and negative aspects of all three models are discussed. "The best service delivery model needs to have aspects of coordination in it, needs to incorporate a team approach, at times needs to use referral, needs some degree of centralization as well as decentralization, and needs the client to be involved."

Another key point is mentioned: multi-service centers need to have the goal of solving problems of the neighborhood, and not to just bring in pre-packaged programs.

**Comment:** An insightful and thoughtful examination of interorganizational coordination. The author asks good questions. May be of interest to administrators, program managers, and planning, administration, management, and policy students.

Martinson, M.C. (1982). Interagency services: A new era for an old idea. *Exceptional Children*, 48(5), 389-394.

**Synopsis:** This article summarizes much of the knowledge of interorganizational collaboration, proposes a planning model for the collaborative process, discusses typical obstacles to interorganizational cooperation, and suggests priorities for research.

The author defines the exchange model, the political economy model, and the dialectical model to help the reader achieve a theoretical understanding of the process of forming interorganizational agreements. A general 8-step planning model is then proposed "for use in formulating processes within and among agencies." The author suggests that to use this model one would need extensive knowledge in negotiating for agreement, and that the problems that complicate the negotiation process are frequently technical and political in nature.

The author lists eight "syndromes" illustrative of the difficulty of such negotiation. These syndromes have colorful names, such as the "Tower of Babel Syndrome" and "Snatching Defeat from the Jaws of Victory Syndrome." They describe problems that range from agencies cooperating solely to compete for scarce resources, to the problem of communicating with professionals that use other systems of jargon, to the formation of an agency caste system.

Eight areas to be investigated for research, demonstration, and development are proposed: (1) field testing of generic processes and procedures for planning interagency service structures; (2) design and demonstration of evaluation models for interagency service systems; (3) design and demonstration of management information systems appropriate to administration of interagency programs; (4) development of procedures for coordination of school-related interagency structures with preschool and postschool services; (5) development of models and procedures to increase involvement of the private sector in interagency services; (6) design and implementation of fiscal cost-sharing methods; (7) increased development of child and client case management as a collaborative process; and (8) continued efforts to reduce conflicting mandates.

**Comment:** This article was written for educational administrators, but may be of interest to administrators and program managers of social service agencies.

Wagenfeld, M.O. & Buffum, W.E. (1983). Problems in, and prospects for, rural mental health services in the United States. *International Journal of Mental Health*, *12*(1-2), 89-107.

**Synopsis:** The authors examine three issues related to current rural mental health services delivery: (1) organization and management; (2) recruitment, retention, and staffing; and (3) relationships with the community.

During the course of this excellent article on the problems of rural mental health care, the authors discuss the need for interorganizational cooperation between health and human services providers. This cooperation is necessary from the standpoint of combining scarce resources, epidemiology, and service delivery. One barrier to interorganizational coordination in rural areas might be the conflict between the community orientation of the mental health worker and the medical model as it is currently practiced in the United States. This conflict may be especially pronounced in rural areas, except where there are good prevention-oriented public health programs.

The authors also suggest that rural constituencies engage in "creative partnership-building" to influence resource allocation decisions at the local and state levels.

**Comment:** This article may be of interest to administrators and program managers of rural mental health programs.

Wilson, P.A. (1981). Expanding the role of social workers in coordination of health services. *Health and Social Work*, *69*(1), 57-64.

**Synopsis:** The author describes two approaches to coordination (structural and case coordination) and discusses how these methods might be integrated. Guidelines for social workers in expanding their roles in coordination are presented.

Medical social workers perceive their role to include case coordination. The worker determines in a case-by-case manner "which of a variety of organizations provides the specific elements of service needed by a particular client." The worker must negotiate with each organization. Additional resources may need to be located for a client's unique needs.

The structural approach aims to establish "a particular set of relationships among organizations characterized by cooperation, joint programs, mutual referrals, and joint planning and policy making." The intention of this approach is to develop a multiple organizational system on the local and regional levels which would coordinate service and be cost-effective. An example of this form of interorganizational cooperation is Health Systems Agencies (HSAs).

The author proposes a "mobilization" view of coordination, which looks at coordination as a political process where professionals and organizations mobilize and form linkages in response to social/health problems. This perspective on coordination eliminates pursuit of an unattainable ideal of service delivery and assumes that coordination can occur at any level of the system, from direct service to administration.

The author lists four characteristics of community networks. First, organizations with similar status and ideological commitments are more likely to form linkages. Second, mutual regard based on similarity of organizational background is likely to foster cooperation. Third, organizations that are similar in technological approaches and capabilities are more likely to form cooperative ties. Finally, if an organization is faced with a client group whose needs do not correspond with the agency's definition of its function, that agency is likely to form joint programs with agencies more familiar with that client group.

These bases of coordination call for an expanded social work role. As *information broker*, a social worker would translate the problems of clients into terms that indicate which organizational actions are possible. As an *opinion maker*, a social worker would interpret the philosophies, ideologies, and technologies of agencies to each other. Finally, as *definer of issues*, a social worker would be able to redefine the problems of a system and possible approaches to them. The author provides a case example where social workers were able to mobilize greater coordination of services for better prenatal care.

**Comment:** An article that may be of interest to social work educators, administrators, program managers, and direct service professionals.

## LOCAL AND STATE - EXHORTATIVE

This chapter contains articles which reflect the authors' opinions on interagency collaboration and how it may be developed at the state or state and local levels. Some questions and topics of this section are:

- Is interagency collaboration always positive? (Hudson, 1987; Rice, 1977)
- Two step-by-step checklists are given for designing interagency agreements. One is at the state level (Albright, et. al., 1981) and the other at the state and local levels (LaCour, 1982).
- A model for statewide mental health systems planning and policy making in both the private and public sectors is given (Beeson & Ford, 1983).

Albright, L., Hasazi, S.E., Phelps, L.A., & Hull, M.E. (1981). Interagency collaboration in providing vocational education for handicapped individuals. *Exceptional Children, 47*(8), 584-589.

**Synopsis:** This article explores the issues involved in forming a written interagency agreement at the state level.

There is a need to have collaborative efforts between state educational, vocational rehabilitation, and vocational education programs on behalf of special education students. This article attempts to justify the need for, as well as demystify the process of initiating an interagency agreement at the state level for these two state agencies.

An excellent checklist that would be of use to any agency attempting or contemplating an interagency agreement is provided. This checklist lists 25 activities from "Appoint a representative from each agency to become responsible for organizing an interagency team" to "Establish process for gathering and reporting data from the periodic reviews [of the agreement]." This checklist came from Tindall, Gugerty, Crowley, Getzel, & Cober-Ostby, *Resource Manual: Vocational Education Models for Linking Agencies Serving the Handicapped*. Madison, WI: Wisconsin Vocational Studies Center, University of Wisconsin-Madison [draft copy].

The authors conducted a survey of all state directors of special education, vocational education, and vocational rehabilitation of all 50 states, the District of Columbia, and 3 territories. Thirty-one formal interagency agreements were located and analyzed. Some of the most frequent uses of interagency cooperation were: using vocational rehabilitation funds for in-school youth with disabilities, joint client/child case finding activities, development of inservice training for professionals in the three agencies, and establishment of state level interagency committees to coordinate planning and funding at the state level or provide technical assistance to local agencies.

The authors suggest that the "movement to accelerate the level of interagency activity implies that professionals will need to have an understanding of the mission, structure, and functions of the agencies engaged in collaborative programming." They advocate for inservice training, graduate courses, workshops, and technical assistance to increase the possibility of creating viable formal working agreements.

**Comment:** An article of interest to vocational and special education administrators. The checklist would be of interest to administrators and program managers of any agency seeking to establish an interagency agreement.

Beeson, P.G. & Ford, W.E. (1983). Systems planning for the 80s: The Nebraska Mental Health Desired Systems Model. *Community Mental Health Journal, 19*(4), 253-264.

**Synopsis:** The authors present a state-level systems model for planning and policy making. This model is applied to planning, fiscal management, system management politics, human resources development, and services coordination.

Before the Reagan administration, with its "new federalism" and block grants, state planning activities were narrow and focused on the public sector, state hospital, or community mental health center, and were often done at the insistence of the federal government. With the advent of block grants, state responsibility for the design and delivery of health and human services required that a new planning approach be developed. In Nebraska this planning effort attempted to encompass both private and public service providers. It was hoped that this approach would give structure to the mental health system without deterring local innovation. An outline for system coordination at the state level was sought.

The Nebraska Mental Health Desired Service System (DSS) model focused on the specialized mental health services sector. It included public and private agencies, programs (psychiatric wards in general hospitals), and practitioners whose primary mission was the delivery of mental health services (psychiatrists and psychologists in private practice). The state was divided into six regions, each of which would have a complete continuum of diagnostic-treatment services and an array of supportive-maintenance services. There were some multi-regional service centers, which served from 2-5 regions. There were also some services for which only one location was needed in the state (e.g., security inpatient, disruptive child inpatient, etc.). A need estimate was calculated and it was found that the specialty mental health system of Nebraska was deficient in almost all categories but traditional inpatient and outpatient services. These deficits were found more frequently at the regional and multi-regional levels than at the state level.

The authors list several potential benefits in planning, fiscal management, system management, politics, human resources development, and services coordination if this model were to be applied to state mental health agency activities. Under the category of service coordination, the principal function of applying this model would be to provide a framework for working with private mental health providers and other public providers not directly influenced by the state mental health agency.

The history of the development of this model in the State of Nebraska is described.

**Comment:** This article would be of interest to state-level administrators and legislators.

Hudson, B. (1987). Collaboration in social welfare: A framework for analysis. *Policy and Politics*, *15*(3), 175-182.

**Synopsis:** The author reviews the conceptual framework of American interorganizational collaboration for British readers, and suggests how collaborative activities may be measured and facilitated. The author also warns against overly optimistic attitudes about what may be achieved.

Clients are usually served, processed, changed and harassed by several organizations. One approach to this problem might be to increase awareness of the impact on the consumer by organizations. The author contends that from the agency's viewpoint, collaborative efforts would result in a loss of independence and the agency would have to invest scarce resources in developing and maintaining a relationship when potential returns on this investment are unclear or intangible.

The British journal literature on collaborative activity has focused on the relationships between health and social service agencies, child abuse, juvenile offender treatment, and housing and social services. These articles have lacked a theoretical framework for analysis of their findings.

The author presents a review of the journal literature on the theoretical framework of interorganizational relations. Beginning with a brief review of the literature of the early 1960's through the work of Benson (1975), the author reviews many important theoretical concepts: independence, interdependence, conflict, environmental context, interorganizational homogeneity, domain consensus, network awareness, organizational exchange, alternative resource sources, degree of formalization, degree of intensity, strategies for social change, incentive strategies, and authoritative strategies. At times the author briefly discusses possible applications of these concepts to the English welfare system.

Interagency coordination may not always be successful in obtaining positive and tangible results. The author believes that the state of the art of assessment of interagency collaboration is not developed enough to give administrators precise measures of feasibility.

**Comment:** A good, densely written review of current concepts in the theoretical understanding of interorganizational collaboration. Although it is geared for a British audience, it would be useful to administrators, program managers, and academicians of this country.

LaCour, J.A. (1982). Interagency agreement: A rational response to an irrational system. *Exceptional Children*, *49*(3), 265-267.

**Synopsis:** The author proposes that the increased use of interagency agreements would foster cooperation between agencies and system-based planning.

Joint planning of services reduces duplication of services and increases the efficiency of service provision. Interagency agreements may help promote these benefits. The author cites several barriers to interagency agreement: lack of clarity of responsibility, lack of coordination between agencies, lack of coordination between state and local agencies, failure to coordinate budgets with service mandates, inconsistent service standards, and conflicting views of constraints on confidentiality. A seven-step process to overcome barriers is proposed: (1) review pertinent law and regulations; (2) get to know the leadership of the involved agencies; (3) learn how the other agencies work; (4) teach special education or mental health mandates to other agencies; (5) identify resources to be exchanged; (6) point out the mutual benefits of a resource exchange to the participating agencies; and (7) develop a draft agreement.

The language of the agreement should be simple, specific, and flexible. The agreement should not jeopardize an agency's funding or "turf." Mutual benefits should be evident in the agreement.

The author cautions that the formation of an interagency agreement does not assure services; it is neither an easy nor a sure solution to the problems of interorganizational cooperation.

**Comment:** A brief article that may be of use to educational administrators.

Rice, R.M. (1977). A cautionary view of allied services delivery. *Social Casework, 58*(4), 229-235.

**Synopsis:** The author points out the difficulties of interorganizational coordination and the drawbacks to such arrangements.

There has been a push to form interagency agreements in the political climate of 1970-1990. The author points out that the concept of a unified approach to the problems of society is not new. It was promoted in 1877 in the first Charity Organization Society of Buffalo by-laws. Voluntary federalism can be found today in Community Chests, United Ways, and Community Councils. There has been a movement since the "categorical" programs of the 1960's to place many services under a coordinated administrative umbrella, that would increase availability, accessibility, responsiveness, and responsibility.

The author argues that such an umbrella agency, akin to United Way in the voluntary sector, has drawbacks. The author suggests that United Way supports the status quo by being entrenched and influential rather than novel and innovative. Second, the author argues that community mental health centers have not had clear success. The health system is moving toward more comprehensive care with an increased interest in harmonized services and increasingly complex administrative and planning arrangements.

The author lists seven potential problems of interorganizational agreements: difficulty of achieving goal congruence, professional fragmentation and resistance to interdisciplinary cooperation, the state of technology of human services, the distance of goal attainment (utopian goals which are unattainable), political vested interest, joining the voluntary and public sectors, and the lack of citizen control of the "technocracy."

**Comment:** An article that may be of interest to planning, administration, and management students, and professionals interested in a temperate approach to formal interorganizational cooperation.

## GRADUATE EDUCATION

This chapter contains abstracts of two articles on the need to integrate interorganizational content with administrative graduate school curricula in the field of social work. Educators in other professional fields will find the suggestions for course content helpful.

- Develop student competencies in constituency-building, creative resource budgeting and packaging, government activities, and cost studies and financial planning

- Students should have experience in designing a private-public planning and funding structure to deal with a specific local problem

- Literature is cited that would be helpful in course content

- Suggested experiential simulation exercises of interagency collaboration

- Content for basic administration courses as well as specialized elective courses on interagency collaboration

- Field placement and student project ideas

Poole, D.L., & Theilen, G. (1985). Community planning and organization in an era of retrenchment: Structural and educational approaches to serving human need. *Journal of Social Work Education*, *22*(1), 16-27.

**Synopsis:** The authors provide an excellent review of social work in the political climate of the 1980's and they propose knowledge and skill requirements needed for planning and community organization students. This curriculum would help these students to develop creative structures and strategies to better serve and further empower client population groups in a time of declining federal, state and local funding.

Several changes have taken place in social service agencies as a result of the budget cutbacks of the 1980's. The authors describe several success stories of creative solutions by different human service organizations. Many agencies use current circumstances to build effective constituencies among previously fragmented groups. Others improve the quality of services and may provide better services at a lower cost. Some organizations identify common goals and combined resources for coordination and joint planning. Lastly, some organizations diversify their funding bases or shift their costs to more appropriate levels of government.

Often the professionals who initiate these creative solutions are social work planning and community organization professionals. Schools of social work can respond to the current condition of social services by training professionals who will be able to work effectively in this political climate.

Students need to develop their knowledge, skills, and have field experience in several areas. *Constituency-building* competence is especially important in building grass-roots organizations and interorganizational constituency. Students should be encouraged to develop *creative resource budgeting and packaging.* Field instruction should include an attempt to influence one or more *government activities.* There should be direct experience for students in *cost studies and financial management.* Each student should have the experience of designing a public-private planning and funding structure to deal with a specific local problem.

The curriculum should present interorganizational coordination possibilities, and graduates should be able to develop and implement strategies for coordination. Curriculum content should inform students about innovative programs that do more for less and evaluate these efforts. Finally, the school should provide assistance with job marketing and development for its graduates.

**Comment:** A good article that would be of interest to academicians in the fields of planning, administration, management, and community organization.

Streeter, C.L., Sherraden, M.W., Gillespie, D.F., & Zakour, M.J. (1986). Curriculum development in interorganizational coordination. *Journal of Social Work Education*, *22*(1), 32-40.

**Synopsis:** The authors provide a review of the political climate that has motivated agencies to coordinate a summary of key interorganizational concepts and research, an outline of factors necessary for success (with attention to costs and benefits of each), and suggestions for several ways to introduce interorganizational content to graduate school curricula.

The authors assert that social work administrative curricula should teach not only a model of interorganizational process, but also include practical instruction on factors that inhibit or facilitate successful coordination, assessment of differential costs and benefits, and potential outcomes of coordination efforts. This article is intended to be the first step in developing such a curriculum by providing a review of current theory, research, and practice techniques for successful coordination.

Much of the research cited in the literature review of this article is summarized elsewhere in this bibliography: Benson (1975), Davidson (1976), Aiken et al. (1975), Gans & Horton (1975), and Rogers & Whetten (1982). The authors suggest that curriculum development occur on three levels: interorganizational content within a basic administration course, a complete course on interorganizational coordination, and interorganizational field placements and projects. The content within the basic administration course should build lectures and exercises around the ideas of Davidson (1976), Aiken et al. (1975), and Gans and Horton (1975).

The authors recommend an interorganizational simulation, *NAMEX*, which demonstrates the importance of coordinated planning, different types of coordination elements, and characteristics of interagency linkages (L. Thornton & R. Beck (1975), *Inter-agency Coordination*, Ann Arbor: Welfare Learning Laboratory, University of Michigan).

If an instructor is able to teach a full course on interorganizational coordination, the authors suggest a more in-depth review of the ideas presented by authors recommended for the basic administrative course, the simulation *Prisoner's Dilemma* (University Associates, Inc., 1980 *Structured Experience Kit*, San Diego), and a section on the benefits and costs of coordination which may be tied to the work of Mulford & Rogers (in Rogers & Whetten, 1982).

The authors encourage students' field placements and projects to include a wide variety of specific interagency projects and learning experiences, such as: coordinated referrals and follow-up, coordinated program planning, coordinated resource procurement, coordinated service delivery, and coordinated evaluation and reporting. If a student wishes to focus primarily on interorganizational issues, a field placement in an agency whose primary purpose is to coordinate services among multiple providers is most desirable. Such agencies include: United Way, YMCA & YWCA, public welfare agencies, agencies that cut across multiple governmental jurisdictions, and offices of government officials.

**Comment:** An excellent review of current thinking from the political economy perspective is provided. Any administrator, planner, or manager interested in a brief and interesting summary of the current thought on interorganizational coordination would find this article useful. Academicians interested in adding or expanding course material on interorganizational issues would find this article both current and concise. The authors' review of the literature is highly recommended.

## THEORY

The articles in this chapter propose theoretical explanations of interagency processes. The theories represented are: political economy theory, the exchange model, power theory, intraorganizational theory, and a psychosocial model.

- **Political economy theory** is perhaps the most widely held representation of agency networks and relationships. Agencies in a network struggle to acquire authority and resources (Boje & Whetten, 1981).

- The **exchange model** is described in a landmark article on interagency relationships (Levine & White, 1961).

- A very different point-of-view can be found in an article by Meyer & Rowan (1977). The authors assert that **inter**organizational relationships reflect the **intra**organizational culture of each agency. **Intra**organizational myth and ceremony affect boundary-spanning activities.

- Akinbode & Clark (1976) point out the importance of sociopsychological factors in interagency collaboration. Agency leadership and psychological factors may facilitate the formation of positive outcomes.

- Strategies to improve an agency's power and prestige in the network. (Benson, 1975)

- Is interagency collaboration always positive? (Whetten, 1981)

- What are preconditions for voluntary and mandated collaboration? Are they similar or different processes? (Whetten, 1981)

Akinbode, I.A. & Clark, R.C. (1976). A framework for analyzing interorganizational relationships. *Human Relations, 29*(2), 101-114.

**Synopsis:** The authors conducted a study of three agricultural institutions from a psychosocial perspective. It was found that conflict and competition were more common than cooperation; cooperation was facilitated by dynamic and democratic leadership; and conflict and competition were facilitated by a change in leadership and centralized administrative practices.

The authors propose a sociopsychological framework on how an organization behaves in its environment. A flow chart of how an organization may choose merger, cooperation, competition, or conflict is given. They hypothesized that the kinds and extent of relationships existing among autonomous yet related organizations would be a function of administrative structures and personal characteristics of the staff.

This hypothesis was tested on three agencies concerned with agricultural extension, teaching, and research in Nigeria. The major psychological factor that helped participation in cooperative efforts was interpersonal perception. If staff members of one agency viewed their counterparts favorably, cooperation was more likely to take place. Interorganizational cooperation was facilitated by dynamic and democratic agency leadership. Centralized administrative practices and changes in agency leadership contributed to competition and conflict between agencies.

**Comment:** The explanation of the theoretical framework was sparse, but the findings of the study may be of interest to administrators and program managers.

Benson, J.K. (1975). The interorganizational network as a political economy. *Administrative Science Quarterly, 20*, 229-249.

**Synopsis:** The author presents a theoretical explanation of the interorganizational network based on the political economy of two resources: money and authority.

The political economy model has traditionally been applied to resource acquisition. The author asserts that administrators are typically oriented to the acquisition and defense of a supply of resources for their agency or program. As a result, administrators lose sight of their agency's goals as they are translated into resource-generating programs.

Authority refers to the legitimation of activities, the right and responsibility to carry out programs of a certain kind, or dealing with a broad problem area or focus. Resource monies and authority are interrelated: expert status may imply a claim on money to ensure performance in the prescribed area, or money may be used to recruit expert personnel and information (training) to an agency.

How does an agency evaluate its standing in the interorganizational network? The author suggests that centrality in the referral system and linkage to the network of social organizations are indicative of an agency's power. Interorganizational power is derived from: the size of groups in support of the organization, the degree of mobilization of supporting groups, and their social rank. Powerful organizations have control of network resources and strength in interorganizational negotiation.

Six aspects of the system environment important to interorganizational relations are outlined: resource concentration/dispersion, power concentration/dispersion, network autonomy/dependence (on environment), types of agencies in the environment, resource abundance/scarcity, and control mechanisms (incentive vs. authoritative). A network is subject to change, and four types are described: cooperative strategies, disruptive strategies, manipulative strategies, and authoritative strategies. Strengths and weaknesses of each strategy are explored and sequential or combined use of these tactics are discussed.

**Comment:** This is an excellent article that would be of great interest to program managers and administrators of agencies. It gives a well-written theoretical explanation of interorganizational networks and presents strategies for resource and authority acquisition.

Boje, D.M. & Whetten, D.A. (1981). Effects of organizational strategies and contextual constraints on centrality and attributions of influence in interorganizational networks. *Administrative Science Quarterly, 26*, 378-395.

**Synopsis:** The authors use the perspective of power theory to examine organizational strategies and contextual constraints. They propose and revise a model of centrality and influence in an interorganizational network based on a study of client referral networks in 17 communities.

The authors review the literature on how organizations attain and retain power in the interorganizational context. It is postulated that organizations with power have **network centrality**, whereby an organization may be better able to control resources to its own benefit.

The authors proposed a causal model of centrality where organizations formulate strategic plans to improve their resource transaction position. These plans are limited by contextual constraints of relationship formation. In time, strategies and constraints determine the organization's position in the resource exchange network. The centrality of an agency's position is related to its attributed influence.

Eleven propositions were made regarding the determinants of centrality and influence to test this model in the study of interorganizational networks. Powerful or central agencies were found to have more joint programs and more extensive formal and informal relations with other agencies..

A revised model based on path analysis was proposed with three constraint factors: low administrative autonomy, organization size, and informal boundary spanner ties. These constraint factors influenced an organization's direct interaction strategies, referral network centrality, and attributed influence.

Four conclusions were drawn based on this study. First, the value of including both organizational strategies and environmental constraints in a model of interorganizational relations was shown. Second, there are costs as well as benefits to mandated relations between organizations. Third, centrality and influence are related. Fourth, the interorganizational network strongly influences dyadic interactions of agencies.

**Comment:** A very well-written article that would be of interest to administrators and program managers who would like to increase or maintain their organization's influence in the interorganizational network.

Davidson, S.M. (1976). Planning and coordination of social services in multiorganizational contexts. *Social Service Review*, *50* (March 1976), 117-137.

**Synopsis:** The author describes a typology of interorganizational relationships. Additionally, a three-stage planning framework to assess interorganizational feasibility issues is presented.

Coordination may occur in the planning and/or the delivery of services. In *planning* it is the manner in which two or more organizations make decisions together. In *service delivery*, two or more organizations integrate their service activities. Coordination may be mandated or negotiated.

The typology of interorganizational relationships is presented in increasing order of complexity: communication, cooperation, coordination or confederation, federation, and merger. Movement from one type to another may be continuous. The author presents a case study to affirm this typology.

The author asserts that the three-stage planning framework should be undertaken in order. The initial stage is to consider environmental factors (economy, political pressures, legislation, availability of funds, and demographics). The second stage is to consider the organizational characteristics of each agency for resources, domain, and interdependence. The final stage studies the interorganizational process factors: structure, history, and role conflict of members of the interorganizational group, behavior of individuals, and leadership of the project.

**Comment:** This article promotes a planning framework and might be of interest to administrators and program managers who wish to have an orderly consideration of interorganizational barriers.

Levine, S. & White, P.E. (1961). Exchange as a conceptual framework for the study of interorganizational relationships. *Administrative Science Quarterly, 5* (March, 1961), 583-601.

**Synopsis:** This article presents a theoretical framework of interorganizational relationships based on exchange theory. It is a classic in the administrative science literature and is often referred to by later authors.

The authors, a social psychologist and social anthropologist respectively, view the relationships between community health and welfare agencies to be based on organizational exchange. Organizational exchange is defined as: "any voluntary activity between two organizations which has consequences, actual or anticipated, for the realization of their respective goals or objectives." What might be exchanged are: clients (referral), services (consultation), or resources other than labor services (equipment, physical facilities, etc.).

Why is there interorganizational exchange? The authors explain that few, if any, organizations have enough resources to attain their objectives fully. Because of this resource scarcity, agencies must select particular functions that would permit them to achieve their goals as fully as possible. Another consequence of resource scarcity is that organizations can seldom carry out their functions without forming relationships with other organizations in the network. For example, a treatment agency would need to develop formal or informal relationships with other agencies to get referrals of clients.

The interdependence of different members of the exchange system is based on three factors: (1) the accessibility of each organization to necessary sources outside the system; (2) the objectives of the organization and its functions; and (3) the degree of domain consensus among the various organizations. If an organization is relatively independent of its local agency system and dependent on a system outside the community (e.g., a local branch of a state agency), it may have disagreements with agencies in the local system.

The authors conducted a study of twenty-two health organizations in a New England community with a population of 200,000. Some findings of this research were: organizations with relatively high prestige lead the field in the number of joint activities; agencies involved in direct services, regardless of prestige, lead in the number of referrals and resources received; organizations with shared or common boards did not interact more than agencies with separate boards. It was hypothesized that boards may serve more to link an organization to the community than to link it with other agencies in the network.

The authors define an agency's domain to be "the specific goals it wishes to pursue and the functions it undertakes in order to implement its goals." In other words, a domain is the territory an organization stakes out for itself in terms of (1) problems to be addressed; (2) populations served; and (3) services rendered. Once an agency's goals are accepted by a network, domain consensus will continue as long as it fulfills its functions, both in terms of the agency's goals and some standard of quality. The authors found their data

to indicate that: "organizations find it more difficult to legitimate themselves before other organizations in the health system than before such outside systems as the community or state."

The authors define domain consensus to be a "prerequisite to exchange." It may be achieved through negotiation, orientation, or legitimation. Some organizations will need to constantly readjust or compromise with various organizations in the system (*negotiation*). *Orientation* occurs when an agency has very specific functions. *Legitimation* is found when an agency is licensed to operate in the community by some other organization.

**Comment:** A landmark article that would be of interest to administrators, program managers, and academicians.

Meyer, J.W. & Rowan, B. (1977). Institutionalized organizations: Formal structure as myth and ceremony. *American Journal of Sociology*, *83*(2), 340-363.

**Synopsis:** The authors present a conceptualization of institutional products, services, techniques, policies, and programs as myths which are adopted by organizations ceremonially. Conformity to such rules can interfere with coordination activity with other organizations.

This philosophical/social anthropological approach to institutional organizations presents a view that may complement the exchange/political economy framework. Sometimes organizations appear to behave irrationally to outsiders when in fact they are rejecting boundary-spanning activities to preserve intraorganizational myths.

Organizations are structured by events in their environments and tend to become isomorphic with them. Organizations with such isomorphic structure tend to be better able to manage interdependent environments. The authors propose a second reason for this tendency: "Quite beyond the environmental interrelations suggested in open-systems theories, institutional theories in their extreme forms define organizations as dramatic enactments of the rationalized myths pervading modern societies, rather than as units involved in exchange--no matter how complex--with their environments." The authors assert that these two explanations are not entirely inconsistent. Both "deal with their environments at their boundaries and imitate environmental elements in their structures." Where the two theories differ is in their implications for intraorganizational processes.

The authors generated some hypotheses to be tested by further research. First, environments and environmental domains "which have instituted a greater number of rational myths generate more formal organization." Second, those organizations which incorporate institutionalized myths are viewed by their environments to be more legitimate, successful, and likely to survive. Finally, highly institutionalized organizational control efforts are devoted to "ritual conformity, both internally and externally."

**Comment:** This article may be of special interest to philosophically-minded administrators and program managers in bureaucratic organizations.

Whetten, D.A. (1981). Interorganizational relations: A review of the field. *Journal of Higher Education*, *52*(1), 1-28.

**Synopsis:** The author reviews the literature of different research traditions in the field of interorganizational relations, discusses key studies, and examines issues of interorganizational coordination.

The author of this article is a professor of business administration, and as a result this writing is based on work done in the fields of public administration, marketing, economics, and sociology. The research interests of these approaches is briefly reviewed.

Types of interorganizational linkage are examined. *Dyadic linkages* are formed when "two organizations find it mutually beneficial to collaborate in accomplishing a common goal." Joint ventures would be an example of this type of linkage. An *organizational set* is the sum of interorganizational linkages instituted by an organization. Large resource bases are positively correlated with large organizational sets. *Action set* is a term that refers to coalitions of organizations who work together to accomplish a goal. A *network* consists of all interactions between organizations in a population.

A network is a loosely joined system where changes made in one subsystem can be made without seriously disrupting the performance of other subsystems. Linking pin organizations have established ties with more than one action set and help to integrate the organizational population. Such organizations have considerable status in the network. Organizations can gain power in the network through establishing extra-network connections, being granted authority to coordinate activities of other network organizations, or obtaining control over internal network resources through political maneuvering or by occupying a strategic position in the network.

The author describes three structural forms of coordination. *Mutual adjustment* occurs when coordination takes place to focus on specific projects rather than to develop a comprehensive delivery system. This form of interorganizational cooperation has the lowest cost and the narrowest range of benefits. Expectations of participants are informal and unwritten. The *corporate* form of coordination is seen in state government, where smaller units are coordinated under an encompassing formal authority. Relations are formal, and the central authority develops written expectations of member units. The author describes a tension between sovereignty and allegiance of the member organizations as they submit to a central plan. *Alliance* is an intermediate form of coordination where autonomous organizations try to coordinate without the authority of a formal hierarchy (e.g., federations, councils, or coalitions).

Through cost-benefit analysis, the author determined preconditions that must be met for voluntary or mandated coordination to occur. In voluntary coordination there must be: (1) a positive attitude towards coordination; (2) recognized need for coordination; (3) awareness of potential coordination partners; (4) assessment of compatibility and desirability (e.g., status congruity, domain consensus, goal

compatibility); and (5) capacity for maintaining coordination processes (e.g., resources, flexible rules and procedures, adequate communication). Mandated coordination requires an awareness of the mandate (understanding of the mandate and knowledge of interacting organizations), assessment of compatibility and desirability, and capacity for maintaining coordination processes.

The author describes a five-step model for creating voluntary coordination once the preconditions are met. First, the initiating agency must analyze the present situation: specify the problem to be addressed, geographical boundaries, and organizations that could provide support. Next, the person initiating the coordination should call on key administrators in each organization. Commitment to the problem and coordination as well as consensus are necessary. Third, a group meeting should be called to outline the objectives, specify the flow of resources, specify the structure, and outline a plan of work. In the action phase, the coordinator monitors fulfillment of responsibilities, delivery of resources, and meeting deadlines by participants. Finally, the coordinator measures the impact of the program on the objectives through changes in the target population, changes in participating organizations, and changes in the social and political environments. Because coordination participants are acutely aware of the costs of interorganizational coordination, the coordinator should be careful to make sure they receive information about the benefits resulting from their participation.

The author outlines several negative consequences of coordination. Tighter system integration reduces its adaptive potential. Joint programming may reduce innovation in programs through the process of negotiation between agencies. Extensive coordination may decrease the quality of services provided by the network as a whole. Several measures to counteract each negative consequence are offered.

**Comment:** An article that would be of interest to academicians as well as program managers and administrators.

## EVALUATIVE

The articles and books in this chapter evaluate a variety of interagency collaborative efforts and issues:

- An evaluation of five demonstration and research projects attempting to coordinate services for mentally retarded clients (Aiken, et. al., 1975)
- A description of the difficulties that Health Systems Agencies encountered when attempting to achieve voluntary coordination of local health care services (Berry & Candia, 1979)
- Evaluation by using existing records (Flaherty, Barry, & Swift, 1978) and blockmodeling (Van de Ven, Walker & Liston, 1979)
- Descriptions of interagency environments and coordination patterns
- The stages of emergence of ecumenical disaster recovery organizations (Ross, 1980)
- The composition of boards of directors of agencies and how these groups affect interagency collaboration (Tucker, 1980)
- Senior management activity and effects on interagency cooperative relationships (Tucker, 1980)
- A comparison of local collaborative projects and the federal grant process in achieving low-income housing in heterogeneous communities (Wrightson, 1986)

Aiken, M., Dewar, R., DiTomaso, N., Hage, J., & Zeitz, G. (1975). *Coordinating human services: New strategies for building service delivery systems.* San Francisco: Jossey-Bass Publishers.

**Synopsis:** The authors present an evaluation of five demonstration and research projects on their ability to achieve coordination of services for clients with mental retardation. A theoretical discussion of coordination of services and proposals for creating coordinated delivery systems is also provided.

The authors believe coordinated services have the following qualities: *comprehensiveness* (resources are present and available to clients), *compatibility* (proper linkages and sequencing of services), and *cooperativeness* (positive attitude and behavior between the players in the service delivery system). This is not to say that coordinated systems are without conflict; cooperation may be "antagonistic" in order to make professionals and administrators aware of all aspects of client needs.

According to the authors, all of the following must be coordinated to create a completely integrated service system: programs and services, resources, clients, and information. The authors describe how each system element would meet the criteria for comprehensiveness, compatibility, and cooperation. Major barriers to coordination are also described: organizations tend to maximize their own autonomy, professionals become committed to their treatments and their own needs for autonomy, client advocacy groups may try to take control, and resource controllers are "divided and uninterested in the problems of the difficult client." Another underlying barrier is a political one: urban communities have one more level of political jurisdiction and resource control in city government. The authors find the present decentralized and pluralistic form of government in the United States to blame for fragmentation and lack of coordination of services.

The five demonstration projects evaluated were: the formation of a voluntary professional association in San Francisco, a parents group in Bridgeport, a private vocational service in Milwaukee, the creation of a board of agencies in Los Angeles, and the mental retardation project of a prestigious private organization in Cleveland. The development of each project is described through four stages: awareness of the need for a program, initiation, implementation, and routinization. Strengths and weaknesses of each program are discussed.

Lastly the authors propose an ideal service delivery system for multi-problem clients, interest group advocacy, and an urban environment. This system would have a unit for case coordination, a coalition of organizations, and a community board.

**Comment:** This book was written for administrators of agencies and programs that serve clients with multiple needs.

Berry, D.E. & Candia, G.R. (1979). Voluntary coordination as a strategy of plan implementation for Health Systems Agencies. *American Journal of Public Health*, *69*(10), 1035-1039.

**Synopsis:** This article outlines the difficulties of voluntary coordination in the context of the Health Systems Agency program for local health planning.

Health Systems Agencies (HSAs) were given the responsibility for coordinating health service delivery in their respective locations yet they were given limited regulatory powers to enforce the coordination of politically powerful health agencies (e.g., hospitals). They were forced to rely on voluntary coordination to achieve health planning goals.

The HSAs became inter-organizational coordinators who dealt with the needs and goals of organizations where power is based on the intra-organizational hierarchy. The planners of the HSA had very little power (limited regulatory ability) yet had to persuade, confront, bargain, and negotiate with the most powerful members in each of the health care institutions. Hospitals saw some of the benefits of voluntary planning to be: increasing their knowledge of health care planning, increasing the possibility of positive benefits to the hospital, and being able to influence planning policy based on their perception of health system needs. Many interactions were conflictual because the hospitals felt that their financial survival needs were at stake. Hospitals had the political power to subvert the HSA and undermine its regulatory powers through the state legislature.

The authors describe several environments that influence the work of the HSA. They suggest that small short-term goals are appropriate to a "turbulent environment" and long-term goals for a "placid environment." They classify several environmental contexts which help determine the response of a HSA. *Social choice context* is where autonomous behavior similar to market conditions exists and there is no cooperative decision making. *Federative context* is an environment where individual component organizations have formed a stable inter-organizational planning agency (e.g., state hospital association) whose decisions are based on consensus and are rather conservative. A *coalitional context* is a somewhat unstable temporary cooperative venture for a specific purpose (e.g., a hospital association and a medical society might make a joint proposal). The *unitary context* is a bureaucratic large-scale operation where several units are organized to achieve an inclusive goal. The authors propose that these contexts might be used to describe, classify, and analyze inter-organizational relationships in a project review.

**Comment:** A good article on the practicalities of coordinating organizations that would be especially valuable for staff of "second order agencies" whose main task is to coordinate social service providers rather than work directly with client populations.

Flaherty, E.W., Barry, E., & Swift, M. (1978). Use of an unobtrusive measure for the evaluation of interagency coordination. *Evaluation Quarterly*, *2*(2), 261-273.

**Synopsis:** The authors used existing records to evaluate the development of interagency coordination generated by an eight month-old early prevention project for high-risk children under the age of seven.

The project in question was a part of a community mental health center, and was federally funded to "provide consultative and coordinating services with other community agencies serving children in the catchment area." The project showed early promise in being able to develop training courses. The director and evaluator of the program were interested in knowing more about the relationship of the project to other agencies: what kinds of agencies were they, what level of staff the prevention program came into contact with, and what was the purpose and contact of the meetings between the prevention program and other community agencies.

The evaluators made use of the central files of the agency. It was found that 25 meetings were not recorded. The staff time required to reconstruct what happened in those meetings forced the evaluators to forego entering those meetings into their data.

It was found that the agency contacted schools most often, followed by child care agencies, social welfare/family service agencies, and antipoverty/welfare agencies. The early prevention program usually only contacted schools once, and usually had several contacts with each of the latter three agency categories. The authors state that these three types of agencies would be more likely to form collaborative relationships with the early prevention program, due to their more prolonged interaction.

The prevention program staff were divided into two categories: paraprofessional outreach workers and supervisors. The outreach workers participated in more contacts. In outside agencies participating with the prevention program, the reverse was true.

The content of the contacts were as follows: information-giving (51%), discussion and offering of the early prevention program and agency services (38%), early prevention program agency staff consultation to other agencies (23%), and program development (5%).

The authors discuss the relative advantages and disadvantages of using records to evaluate interagency contacts.

**Comment:** This article would be of interest to administrators and program managers.

Gans, S.P. & Horton, G.T. (1975). *Integration of human services: The state and municipal levels.* New York: Praeger Publishers.

**Synopsis:** This book evaluates methods, organizational arrangements, and management techniques for coordination of human service agencies at the state and municipal levels.

The book is divided into two parts. Part I describes the study that the authors made of more than 30 projects in several states determining factors leading to integration of social services. Part II consists of a critique of the Allied Services Act of 1972 through its effects on six states, based on case studies. Some chapters are entitled: "Definition of and Rationale for Services Integration," "Recommendations for a Comprehensive Strategy to Promote Services Integration," "Facilitators and Inhibitors of Services Integration," "Integrating Linkages," and "The Client as Integrator." Comparative analyses of neighborhood service centers and directed (mandated), mediated, and voluntary coordination projects are also included. Linkage on the administrative and direct service levels were studied. The authors were especially interested in the impact of integration on accessibility, continuity, and efficiency of services.

**Comment:** This book presents an exhaustive look at integration of human services. It is a good text on the subject and would be useful to program managers and administrators. It has some limitations because it is based on the political and historical climate of 1972.

Lehman, E.W. (1975). *Coordinating health care: Explorations in interorganizational relations.* Beverly Hills: Sage Publications, Incorporated.

**Synopsis:** This monograph is written on three levels. It describes a paradigm for interorganizational relations, examines the degree of coordination of health care institutions, and analyzes the American health care "crisis" based on our present "feudal" interorganizational network.

The author presents three control configurations to characterize different interorganizational environments. A laterally linked field is termed *interorganizational feudalism*, and has member units who are largely independent of a central systemic power. In this type of system joint decision-making is intermittent, and interaction between organizations is mostly to inform and consult with one another. *Mediated interorganizational configurations*, or a coordinated field, is present when a formal organization exists to coordinate the relationship of two or more organizations. Co-decision is more likely in this field than with feudalism, but the author suggests that this is more often done on an ad-hoc basis where operative goals reflect the participating organizations. The third type of field is that of empires and corporations, or a *guided interorganizational configuration.* Empires are dominated by member-elite units who control the majority of resources and frequently act in the name of the system as a whole. An example of a corporation, or a field run by an administrative unit external to the field, is the Kaiser-Permanente system.

The author analyzed and evaluated several examples of each type of organization and interorganizational patterns and found feudalism to be the most common pattern in the Health Care System of the United States through 1972.

**Comment:** This book comes highly recommended by Amatai Etzioni for anyone interested in organizational analysis "especially interorganizational linkage." This paradigm is very complex and difficult to understand. This book is written for academicians, sociologists, economists, and others who would be interested in a complex theoretical explanation for interorganizational relationships.

Nuehring, E.M. (1979). Preventive activity and interorganizational factors: A survey of 30 community mental health centers. *Journal of Social Service Research*, *2*(3), 285-300.

**Synopsis:** The author studied 30 community mental health centers and found that the nature of a center's interorganizational activity was related to the type of preventive activity emphasized.

The author notes a deficit in the literature where researchers have failed to investigate the conditions that help or impede preventive efforts on the part of community mental health centers (CMHCs).

For the purposes of this study, the task environment of a community mental health center consists of organizations who: make 25 referrals a year from the organization to the CMHC, have a formal contract with the CMHC, or are represented on the CMHC board. The nature of interagency cooperation is categorized and ranked from least to most constrictive. First, *negotiation* of goods and services refers to referral, exchanges of materials or shared personnel, and assigning liaisons to relate to outside organizations. Second, *cooptation* is defined to mean "absorbing members into one's own decision-making" (board appointments, participation with community coordinating and planning organizations). The most constraining cooperative strategy is *coalition* which will occur during collaborations based on mutual decision-making, mutual goals, and pooling of resources (joint programs, contractual affiliations, co-location). Two other contextual variables were studied: degree of urbanization, and degree of medical orientation of the CMHC. Preventive activity was categorized into four groups: public information and education, program consultation, training of caregivers, and community planning and development. Prevention activity accounted for an average of 4% of the scheduled hours of the CMHCs in this study.

It was found that the average task environment was 82 organizations. Nearly one-fifth of the task environment agencies, on the average, have decision-making influence on the CMHC. The author suggests that the interdependent relationship between the CMHC and the task environment influences the programming and activities of the CMHC.

CMHCs more likely to be heavily involved in *public education* are broadly involved in the planning and coordinating mechanisms of the task environment, but are not involved in co-location or have formal liaison appointments in other agencies. *Program consultation* is more common with "insular" CMHCs who have less contact with coordinating organizations and a smaller proportion of agency referrals. *Training* seems to be more common in urban medical CMHCs and is associated with less involvement with coordinating organizations. *Community planning and development* is found in CMHCs with more joint programs, shared personnel, and more involvement in the decision-making processes of other agencies. There is usually relatively little referral input from the task environment.

**Evaluative**

Directors of CMHCs were surprised to learn of how high the level of involvement and arrangements with other agencies were. One center discovered that the "best" programs were not based on formal agreements.

**Comment:** A very good article that would be of interest to administrators, program managers, and academicians. Researchers may find the design of this study of interorganizational relationships interesting.

Rogers, D.L. & Whetten, D.A. (1982). *Interorganizational coordination: Theory, research, and implementation.* Ames, Iowa: Iowa University Press.

**Synopsis:** This book conducts an analytical overview of interorganizational coordination (IOC), and looks at some topical considerations: issues in research, training, and policy analysis.

The analytic overview (chapters 1-5) presents a thorough conceptual and historical background on coordination. "Definitions and Models" examines the meaning of coordination versus cooperation between agencies and presents a comprehensive definition of coordination. Three forms of coordination (mutual adjustment, alliance, and corporate) are proposed, and they are compared with regard to players involved, formalization, resources, focus of power, focus of control, and goals. A chapter on "The Historical Development" follows, which looks at ideologies, major processes, primary decision-making units, characters of dependency, and reasons for failure of various models of social service in the United States from 1850-1980. "Antecedents" presents organizational and environmental conditions that promote or hinder interorganizational coordination. "Consequences" considers the evaluative literature on coordination.

The second part of the book looks at several distinct topics relevant to interorganizational coordination. "Issues in Conducting Research" reviews and critiques the predominant methodologies of research in the field of interorganizational relations. "Approaches to Training" looks at the need to bring knowledge gained from scholarly works to the practitioner. The authors think that training is least effective when a few isolated representatives receive training outside the workplace. Training would be more effective if it involved all of the relevant individuals together. The chapter titled "A Framework on Policy Analysis" describes the state of policy analysis, based on a literature review, laments the narrowness of theoretical scope, and proposes a new conceptual framework. The final chapter looks at future directions for research: analysis of organizational environments and interorganizational adaptation, evaluation of outcomes of interorganizational coordination, and developing a better practical understanding of the field.

**Comment:** The authors made an excellent and extensive literature search in both social services and administrative areas. The book is a compact and integrated summary of work on interorganizational coordination through 1979. This is a great reference book that cites many of the sources for this bibliography. It is useful for academicians, administrators, program managers, and planning, administrative, and management students. If you find yourself interested in most of the articles in this bibliography and want something that pulls it all together, you may want to get this book.

Ross, G.A. (1980). **The emergence of organization sets in three ecumenical disaster recovery organizations: An empirical and theoretical exploration.** *Human Relations*, *33*(1), 23-39.

**Synopsis:** The author conducted a study of the emergence of three ecumenical disaster recovery organizations, proposed a three-phase model of the emergence of organization sets, and delineated empirical patterns associated with each of these phases.

The author selected three communities in the Midwest that were damaged by severe tornadoes. The communities had populations of 14,000; 27,000; and 347,000. The author describes the emergence of each ecumenical organization, the development of its interorganizational ties, and the establishment of its institutional status as an interfaith disaster relief organization.

The author postulates a three-phase model to describe the process of emergence of an organization set. The first phase is *crystallization*. This occurs when members of a newly forming organization commit themselves to a course of action (goals) which give the new agency its organizational character. The second phase, *recognition*, represents the agency's attempts to gain legitimacy as it interacts with organizations in its environment and to exchange resources with agencies in the network. A difficult task in this process for the organizations studied was to successfully negotiate with HUD (Department of Housing and Urban Development) to get the government's relocation list of new addresses of relocated families. The final phase, *institutionalization*, is reached when contacts with most of the network agencies do not require preliminary introductions and explanations of the purposes and goals of the new agency. The three agencies studied reached this stage within three months of crystallization.

As a new organization passes through these three phases, four distinct changes occur. First, as an organization becomes institutionalized, the size of its organization set (set of all organizations which interact with the focal organization) decreases. Second, early contacts are often made by board members or upper-level staff, but as the organization becomes institutionalized, most interorganizational contact is made by middle- and lower-level staff. Third, as the new organization becomes more established, interorganizational contacts become more standardized. Finally, as the new agency becomes more established in the network, interorganizational contact is generally handled by one or a few specialized personnel.

The author describes these changes to reflect an attempt by the new organization to reduce uncertainty in the environment. Rates of emergence and methods of initial interaction may be different for emerging organizations in non-disaster situations.

**Comment:** This article might be of interest to administrators and program managers.

Tucker, D.J. (1980). Coordination and citizen participation. *Social Service Review*, *54*(1) 13-30.

**Synopsis:** The author investigates the assumption that coordination and citizen participation are related inversely, and are, as a result, incompatible as features in the same social service reform strategy.

The design of the study involved a homogenous and purposive sample of 17 social service agencies in metropolitan Toronto, Canada. Several types of coordinative activity were scored: loaning of staff, co-location, joint delivery, combined delivery, outstationing, and consultation. Agencies would score one point for each type of cooperative interaction in which they were engaged, and "nonengagement" would score zero.

Citizen participation was scored in a single-item measure. Substantive participation (value=2) occurred when the governing board had members elected solely by the membership. Administrative involvement (value=1) was scored when the governing board had members either appointed by an outside body (e.g., the government) or by both appointed and elected members. Nonparticipation (value=0) was indicated by the absence of formal structures to inform, consult, and/or involve citizens in decision-making about the organization's goals, policies, and behavior.

The author found that citizen participation and coordination were related inversely. Two possible interpretations are offered: (1) that these results reflect competing value preferences regarding the delivery of social services; and (2) that coordination will be resisted because it is a source of uncertainty (risk-taking behavior).

The author suggests that the research given indicates that boards of directors control their organizations rather than the reverse.

**Comment:** This article might be of interest to administrators and program managers.

Tucker, D.J. (1980). Senior management and the coordination of services. *Social Work Research and Abstracts, 16*(2), 11-18.

**Synopsis:** The author conducted a study of senior managers of seventeen social service agencies in Toronto, Canada. It was found that extensive involvement of senior managers in interorganizational activity was inversely related to the extent of coordination.

The author describes how senior management activity is frequently spent with people outside the organization. There are two conflicting views on how this affects the degree of an agency's interorganizational activity. Some believe that senior management involvement is essential if coordination efforts are to be successful. Others argue that senior management involvement is detrimental to the establishment of interorganizational coordination. Followers of this view contend that senior managers have a primary responsibility to maintain their own organization's "legitimacy, hegemony, and autonomy, they are likely to use . . . additional information to exert increased control over the organization's output or service delivery activities in the interest of ensuring that what the organization accomplishes is directly attributable to itself and coincides with its goals." The purpose of this study is to resolve these conflicting views.

The study used two central variables: coordination and interorganizational activity. *Coordination*, for the purposes of this study, had six measurable activities: loaning of staff, colocation of staff, joint delivery of services, combined delivery of services, outstationing of staff, and consultation. *Interorganizational activity* was measured as the extent and the intensity of senior board management's involvement in boards or board committees, interorganizational group meetings, and interorganizational case conferences. The manner in which the author calculated "extent" and "intensity" is given. Control variables were: technology, organizational complexity, specialization, spatial dispersion, formalization, centralization, configuration, vertical span of control, lateral span of control, supervisor-subordinate ratio, and intra-organizational communication.

The findings were statistically significant in three out of six variables in showing an inverse relationship between senior management involvement in interorganizational activity and the extent of coordination. Partial correlation was found in the other three variables. The author proposes an alternative means to achieve coordination: creation of a hierarchically superior and unrelated agency which would oversee coordination efforts. Another implication from this study is that direct service personnel participation is important in developing innovative coordination activities.

**Comment:** An article that would be of interest to administrators, program managers, and direct service personnel.

**Evaluative**

Van de Ven, A.H., Walker, G., & Liston, J. (1979). Coordination patterns within an interorganizational network. *Human Relations*, *32*(1), 19-36.

**Synopsis:** The authors examine patterns of relationships between clusters of organizations within the larger network of social service agencies serving children and youth.

The authors used a blockmodeling method to identify the structure of relationships in the child and youth services network in a mid-size city in Texas. Each of 21 agencies chose up to five agencies on the basis of "most direct involvement in the past six months." These responses were analyzed with the use of a blockmodeling computer algorithm. Sometimes choosing agencies were not chosen by others, and some chosen agencies were not the choosers. Density of interagency choices and reasons for having a relationship were added into the analysis and the authors came up with three clusters of agencies: resource transactions, planning and coordination, and direct service.

The *resource transaction cluster* consisted of six agencies which commonly chose the Department of Public Welfare, United Appeals, two higher-level educational institutions, and two kindergartens. These agencies had a typically "one way" (dependency) relationship with the group of institutions listed. Their transactions tended to be impersonal, formalized, low in consensus, and high in dependence.

The *planning and coordination cluster* consisted of five agencies (regional council of governments, early childhood coordinating agency, mental health association, and an early childhood development center) which chose four agencies. The agencies in this cluster all had mandates to plan and coordinate child care and youth programs. These agencies were low in dependence, high in awareness and consensus, lowest in formalization of agreements, and intermediate in formalization of contact between agencies.

The *direct service cluster* consisted of six agencies which commonly chose 12 agencies in the network. These agencies were all local direct service child care or youth agencies. There was a relatively high degree of reciprocity between agencies, mainly due to the process of referral. This group of agencies scored highest in informal contact (telephone, face-to-face), lowest on written reports and letters, and intermediate in frequency of group/committee meetings.

**Comment:** A very interesting article, both in its method of analysis of interorganizational networks, and its findings. Would be of interest to researchers, academicians, administrators, and program managers.

Wrightson, M. (1986). Interlocal cooperation and urban problems: Lessons for the New Federalism. *Urban Affairs Quarterly, 22*(2), 261-275.

**Synopsis:** The author compares two programs within the Housing and Community Development Act. One program offered direct federal intervention, and the other interlocal cooperation to allocate housing assistance in metropolitan areas.

The purpose of the Housing and Community Development Act was to reduce the isolation of income groups within communities and geographical areas, and to promote an increase in the diversity and vitality of neighborhoods through deconcentration of housing opportunities for persons of lower income. There was a federal program, the Community Development Block Grant, initiated with this legislation, and an interlocal alternative, the Areawide Housing Opportunity Plan. The author does not define the term "interlocal cooperation" but it appears to mean local interorganizational collaboration.

In the federal program, block grant recipients were required to develop a Housing Assistance Plan which was submitted directly to the federal government. This process was to increase suburban commitments to assisted housing and increase the distribution of low-income housing.

The interlocal option also had the goal of increasing the distribution of low-income housing. Metropolitan Councils of Governments (e.g., regional councils) were to create a plan through interlocal cooperation. Local jurisdictions were given "an opportunity to determine cooperatively the geographical distribution of future assisted housing in their region with substantially less HUD interference." Successful plans were rewarded with special allocations of Section 8 funding.

The author studied how each program performed in relation to achieving the goals of the act: Were low-income and minority populations "deconcentrated," into more heterogeneous communities? It was found that in communities that favored deconcentration, interlocal cooperation was more effective than direct federal intervention. If the conditions were not favorable for deconcentration, the effect was insignificant. The author suggests that "devolution of domestic policy responsibility may need to come to rest on the shoulders of the states."

**Comment:** A well-written article on the implementation of public policy in the realities of the Reagan era. Useful to policy students and legislators.

## AUTHOR INDEX


A

Ahmed, M.B., 4
Aiken, M., 80
Akinbode, I.A., 70
Albright, L., 60
Anderson, L.M., 5
Andreozzi, J., 29
Aram, J.D., 6
Aronson, D., 7
Aronson, J., 7

B

Bagarozzi, D.A., 27
Baizerman, M., 8
Barry, E., 82
Beeson, P.G., 61
Bender, M., 32
Benson, J.K., 71
Berry, D.E., 81
Bertsche, A.V., 46
Black, B.J., 9
Bloch, A., 47
Boje, D.M., 72
Bosch, S.J., 12
Brown, B.S., 48
Buffum, W.E., 56
Burd, R.P., 10

C

Candia, G.R., 81
Chambon, A., 24
Cherry, T.J., 11
Christensen, M., 53
Clark, R.C., 70
Colman, C., 19

D

Daniels, M.S., 12
Davidson, S.M., 73
Davies, B., 49
Dewar, R., 80
DiTomaso, N., 80
Doty, M.B., 14

F

Feldman, R.A., 15
Flaherty, E.W., 16, 82
Fodor, I., 51
Ford, W.E., 61
Forness, S.R., 32, 50
Frankfather, D.L., 17
Freeman, G.G., 18

G

Gans, S.P., 83
Gardner, T.P., 32
Gatti, F., 19
Gewirtzman, R., 51
Gilbert, N., 20
Gillespie, D.F., 67
Goldberg, G., 18
Goodman, M., 15

H

Hage, J., 80
Hagebak, B.R., 52
Hasazi, S.E., 60
Ho, M.K., 21
Horejsi, C.R., 46
Horton, G.T., 83
Hudson, B., 62
Hull, M.E., 60

J

Johnson, H.W., 53
Jones, K., 22

K

Kase, H.M., 9
Katz, A.J., 54
King, M., 14
Klonglan, G.E., 40
Kurtz, L.F., 24, 25, 27

L

LaCour, J.A., 63
LaVanway, L.Z., 7
Lee, J.T., 28
Lehman, E.W., 84
Levine, S., 74
Liston, J., 91
Lynch, E.W., 32

M

Mallory, L., 29
Mann, K.B., 24
Martin, F.G., 16
Martinson, M.C., 55
McLaughlin, J.A., 53
Meyer, J.W., 76
Morrison, J.L., 30

N

Nahme-Huang, L., 31
Nuehring, E.M., 85

P

Paulson, S.K., 40
Phelps, L.A., 60
Pierce, S., 8
Pollane, L.P., 27
Poole, D.L., 66

R

Rice, R.M., 64
Richmond, J.B., 10
Rogers, D.L., 87
Ross, G.A., 88
Rotberg, J., 32
Rowan, B., 76
Russell, A.T., 50
Ryan, F.J., 34

S

Schwamm, J., 42
Shafer, G., 5
Sherraden, D.F., 67
Sinclair, E., 50
Singer, D.G., 31
Singer, J.L., 31
Skelton, N., 8
Sonnega, J.A., 18
Specht, H., 20
Stein, M.A., 28
Stratton, W.E., 6
Streeter, M.W., 67
Swift, M., 82

T

Theilen, G., 66
Tucker, D.J., 89, 90

U

Urbano, R., 32

V

Van de Ven, A.H., 91

W

Wagenfeld, M.O., 56
Walizer, E.H., 35
Walker, G., 91
Warren, R.E., 40
Weiss, C.I., 36
Wheaton, A.B., 31
Whetten, D.A., 72, 77, 87
White, P.E., 74
Whiting, L., 37
Wilkinson, B., 29
Wilson, P.A., 57
Winkelpleck, J.M., 40
Wodarski, J.S., 15
Wrightson, M., 92

Y

Young, E.L., 4

Z

Zakour, M.J., 67
Zaslaw, G.D., 43
Zeitz, G., 80

## SUBJECT INDEX


A

Action Set, 77
Administration, 17,18, 20, 66, 70, 89, 90
Adolescent pregnancy, prevention of, 14
Adolescent suicide, prevention of, 30
Adolescents, 7, 8, 14, 21, 30
Advocacy, 27, 53
Agencies,
  adoption, 34
  agricultural extension, 70
  grass-roots, 29
  inner city, 12
  new, 16, 88
  private, 5, 8, 9, 10, 11, 12, 14, 20, 22, 29, 30, 34, 36, 43, 49, 61, 91
  public, 4, 5, 8, 9, 10, 11, 12, 14, 17, 18, 19, 20, 22, 30, 34, 36, 43, 51, 61, 91
  rural, 11, 22, 56
  urban, 20
Agency autonomy and interagency collaboration, 62, 64
Agency goals and interagency collaboration, 25
Agency network (see also Network), 16
  configurations, 84
  "feudalism", 84
  prestige in, 74
  strategies to improve status in, 71
Agency policies and interagency collaboration, 89
Alcoholics Anonymous, 25
Alcoholism, treatment of, 25
Alliance of agencies, 77, 87
Area-based planning, 42
Areawide Housing Opportunity Plan, 92
Attorneys, as members of interagency teams, 37
Attributed influence, 72
Authority,
  delineation of, 29, 43
  in agency network, 71

B

Blockmodeling, 91
Boards of directors, 88, 89
  shared, 40, 74, 85

C

Case coordination, 46, 47, 57, 83
Case management, 27, 46
Ceremony, 76
Child abuse/neglect, 8, 10, 11, 37
  treatment of, 5, 8
Children, 10, 16
Churches, as participants in interagency collaboration, 34, 88
Citizen participation on boards of directors, 89
Clinics, as participants in interagency collaboration, 32
Coalition of agencies,
  as interagency collaboration, 85
Colocation of agencies, 89
Communication, 53, 55
  costs of, 20
  formal, 4, 16, 21, 28, 40
  informal, 37, 40
Community Development Block Grants, 92
Community mental health, 4, 8, 18, 27, 35, 43, 48, 56, 64, 82, 85
Community network, 57
Community network therapy, 19
Community organizers, 29, 66
Community outreach, 32, 43
Community treatment, 5, 19
Confidentiality, 14, 53, 63
  and schools, 14, 35
Conflict,
  between agencies, 29, 80
  creative, 48
Cooptation as interagency collaboration, 85
Coordinator, role of, 7, 54
Corporate coordination, 87
Credit for interagency collaboration, 28
Crystallization of agency goals, 88

D

Dance therapy, 31
Day care, 22
  teachers, as members of interagency teams, 10
Day treatment,
  adolescent, 18
  child, 11, 18
Developmental disabilities, 32, 53
Disaster relief organizations, 88
Domain, 73
Domain consensus, 25, 74
Duplication of services, 28, 63

E

Early intervention, 16, 22, 82
Ecumenical organizations, 88
Efficiency of interagency collaborative services, 63
Elderly, 6, 17, 28, 36
Entrepreneurialism, 17
Environmental context, 73, 81
Evaluation, 80, 87, 88, 89, 90, 92
  blockmodeling, 91
  use of records for, 82
Exchange model of interagency collaboration, 55, 74

F

Families, 19
  homeless, 51
  multi-problem, 5
Family therapy, 19
Fantasy play training, 31
Federal block grants, 61, 92
Foster care, child, 34

H

Head Start, 22
Health care agencies, 74, 84
Health care system, 64
Health screen, 12, 22
Health systems agencies, 57, 81
Home care, elderly, 28
Home health aides, as members of interagency teams, 28
Homemakers, as members of interagency teams, 28
Hospitals, 12, 32, 36, 81
Housing and Community Development Act, 92

I

Informal networks, 19, 46
Innovation, and direct service staff participation, 90
Institutionalization of a new agency, 88
Insurance coverage of case coordination, 46
Interagency agreements
  formal, 40, 50, 55, 60, 63, 85, 91
  hazards of, 64
  informal, 40, 55, 85, 91
  problems with, 64
  state level, 60
Interagency coalition, 6, 8, 34, 36

Interagency coordination, 87
agency leadership and, 70
British, 62
demonstration projects, 9, 12, 17, 28
dialectical model of, 55
efficiency of, 63
exchange model of, 55, 74
experiential simulation of, 67
extent of, 90
feasibility of, 62, 73
formal, 4, 7, 10, 11, 32
functional, 9
informal, 4, 6, 7, 11, 32
intensity of, 90
mandated, 72, 83
mediated, 83
"ordinary", 9
philosophical model of, 76
political economy model of, 55, 77
power theory model of, 72
professional training in, 66, 67, 87
referral procedures, 9, 15
sociopsychological model, 70
voluntary, 52, 77, 81, 83
Interagency cooperation, 87
Interagency network, child and youth services, 91
Interagency teams, 5, 12, 21, 22, 28, 37, 51, 54
Interdisciplinary teams, 5, 12, 21, 28, 37, 52, 54
Interlocal cooperation, 92
Intraorganizational process factors, 76

L

Liaison worker, role of, 35
Linkage, 12, 24, 25, 27, 57, 77, 83
to agency network, 71

M

Mandated collaboration, 72, 83
Massachusetts Special Education Law (Chapter 766), 42
Mediated collaboration, 72, 83
Mental health,
adolescent, 7, 18, 30, 42, 43
adult, 24
child, 11, 18, 22, 42, 43
Mental retardation, 21, 42, 47, 80
Ministers, as members of interagency teams, 21
Mobilization,
of client resources, 46
model of interagency collaboration, 57
Model Cities Program, 20

Movement therapy, 31
Multi-service centers, 54
Mutual adjustment, 77, 87
Myth, 76

N

Negotiation as interagency collaboration, 85
Network (see also **Agency Network**),
  definition of, 77
Network centrality, 71, 72
Nurses, 28
  community health, 4, 37
  public health, 8

O

Organizational set, 77
  emergence of, 88
Organization, barrier of, 52
Organizational strategies, 72

P

Parents, 21, 30, 34, 51, 53
Philosophical/social anthropological model, 76
Physicians, as members of interagency teams, 21, 37
Planning, state level, 61
Police, as members of interagency teams, 5, 10, 37
Policy analysis, 87
Political economy model of interagency collaboration, 55
Political environment, 43, 80, 81
Political support, importance of, 36
Power theory, 72
Prenatal care, 57
Preschools, 22, 42
Prestige in agency network, 74
Prevention, 7, 16, 85
  medical, 12, 22
Principals, 11
Private practitioners, 8, 61
Protective services, child, 5, 8, 10, 37
Psychologists, as members of interagency teams, 21
Public health, 11, 28
Public housing, 92

R

Recognition by agency network, 88
Referral network, centrality in, 71, 72
Referral process, 8, 50, 54
  as a form of interagency linkage, 24
  computation, 15
  bargaining, 15
  judgement, 15
  inspiration, 15
Residential treatment,
  adolescent, 21, 31, 35, 43
  child, 31, 43
Resource acquisition by agencies, 40, 71
Resource exchange, interagency, 40
Resources, 73

S

School counselors, as members of interagency teams, 5, 21
School-based programs, 7, 12, 14, 18, 30, 51
Schools, 8, 11, 12, 14, 18, 19, 32, 37, 42, 49, 50, 51, 55
  and confidentiality, 14, 35
Self-help groups, 24, 25
Service integration, local, 52
Social workers, 21, 24, 27, 28, 29, 46, 49, 66
  medical, 57
  roles of, 57
  school, 18
Special education, 42, 47, 50
Spouse abuse, 7
State hospitals, 4, 9, 31, 36, 43
Stereotypes, professional, 49
Structural coordination, 57
Suicide, adolescent, 30
System environment, 71
System integration, 77
System-based planning, 63
Systems theory, 46

T

Teachers, 11, 49, 50
Theories of interagency collaboration,
  exchange model, 55, 74
  philosophical/social anthropological model, 76
  political economy model, 55, 71, 77
  power theory, 72
  review of, 62, 67
  sociopsychological model, 70
  systems theory, 46



104

Therapists, as members of interagency teams, 5
Transition planning, 42
Turf, 7, 22, 36, 52, 63

U

United Way, 29, 64
University Affiliated Facility, 32
Unobtrusive measures, 82

V

Vision, barrier of, 52
Vocational rehabilitation, 9, 21
Voluntary collaboration, 52, 77, 81, 83

W

Welfare hotels, 51

fold and staple

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

# BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. A-75 PORTLAND, OREGON

POSTAGE WILL BE PAID BY ADDRESSEE

RESEARCH AND TRAINING CENTER
REGIONAL RESEARCH INSTITUTE FOR HUMAN SERVICES
PORTLAND STATE UNIVERSITY
P.O. BOX 751
PORTLAND, OR 97207

Interagency Collaboration: An Annotated Bibliography for Programs Serving Children With Emotional Disabilities and Their Families

## EVALUATION FORM

1. Who used the *Interagency Collaboration Annotated Bibliography*? (Check all that apply.)

   ___Parent ___Educator ___Child Welfare Worker

   ___Juvenile Justice Worker ___Mental Health Professional

   Other (Please Specify)_____

2. Please describe the purpose(s) for which you used the bibliography:

   _____

   _____

3. Would you recommend use of the annotated bibliography to others? (Circle one)

   Definitely Maybe Conditionally Under No Circumstances

   Comments:_____

4. Overall, I thought the bibliography was: (Circle one)

   Excellent Average Poor

   Comments:_____

5. Please offer suggestions for the improvement of subsequent editions of this annotated bibliography:

   _____

   _____

   _____

   _____

We appreciate your comments and suggestions. Your feedback will assist us in our effort to provide relevant and helpful materials. Thank you.

Please fold, staple and return this self-mailer to the address listed on the reverse side.

# Research and Training Center Resource Materials

- ☐ *Annotated Bibliography. Parents of Emotionally Handicapped Children: Needs, Resources, and Relationships with Professionals.* Covers relationships between professionals and parents, parent self-help, support and advocacy groups, parent participation, parents' problems and guidelines. $7.50 per copy.

- ☐ *Annotated Bibliography. Youth in Transition: Resources for Program Development and Direct Service Intervention.* Transition needs of adolescents: educational and vocational issues, programs and curriculum, research overviews, interpersonal issues, skills training. $6.00 per copy.

- ☐ *Child Advocacy Annotated Bibliography.* Includes selected articles, books, anthology entries and conference papers written since 1970, presented in a manner useful to readers who do not have access to the cited sources. $9.00 per copy.

- ☐ NEW! *Choices for Treatment: Methods, Models, and Programs of Intervention for Children With Emotional Disabilities and Their Families. An Annotated Bibliography.* The literature written since 1980 on the range of therapeutic interventions used with children and adolescents with emotional disabilities is described. Examples of innovative strategies and programs are included. $6.50 per copy.

- ☐ *Families as Allies Conference Proceedings: Parent-Professional Collaboration Toward Improving Services for Seriously Emotionally Handicapped Children and Their Families.* Held in April 1986 and attended by delegations from thirteen western states. Includes: agenda, presentation transcriptions, biographical sketches, recommendations, worksheets, and evaluations. $7.50 per copy.

- ☐ *Gathering and Sharing: An Exploratory Study of Service Delivery to Emotionally Handicapped Indian Children.* Findings from Idaho, Oregon, and Washington, covering current services, successes, service delivery barriers, exemplary programs and innovations. $4.50 per copy.

- ☐ *Glossary of Acronyms, Laws, and Terms for Parents Whose Children Have Emotional Handicaps.* Glossary is excerpted from the *Taking Charge* parents' handbook. Approximately 150 acronyms, laws, and words and phrases commonly encountered by parents whose children have emotional disabilities are explained. $3.00 per copy.

- ☐ NEW! *Interagency Collaboration: An Annotated Bibliography for Programs Serving Children With Emotional Disabilities and Their Families.* Describes local interagency collaborative efforts and local/state efforts. Theories of interorganizational relationships, evaluations of interagency programs, and practical suggestions for individuals contemplating joint programs are included. $5.50 per copy.

- ☐ *Making the System Work: An Advocacy Workshop for Parents.* A trainers' guide for a one-day workshop designed to introduce the purpose of advocacy, identify sources of power and the chain of command in agencies and school systems, and practice advocacy techniques. $8.50 per copy.

- ☐ *The Multnomah County CAPS Project: An Effort to Coordinate Service Delivery for Children and Youth Considered Seriously Emotionally Disturbed.* A process evaluation of an interagency collaborative effort is reported. The planning process is documented and recommendations are offered. $7.00 per copy.

- ☐ NEW! *National Directory of Organizations Serving Parents of Children and Youth with Emotional and Behavioral Disorders.* The 344 U.S. organizations in the second edition provide one or more of the following services: education and information, parent training, case and systems level advocacy, support groups for parents and/or brothers and sisters, direct assistance such as respite care, transportation and child care. $8.00 per copy.

- ☐ *Parents' Voices: A Few Speak for Many* (videotape). Three parents of children with emotional disabilities discuss their experiences related to seeking help for their children (45 minutes). A trainers' guide is available to assist in presenting the videotape. Free brochure describes the videotape and trainers' guide and provides purchase or rental information.

- ☐ *Respite Care: An Annotated Bibliography.* Thirty-six articles addressing a range of respite issues are summarized. Issues discussed include: the rationale for respite services, family needs, program development, respite provider training, funding, and program evaluation. $7.00 per copy.

- ☐ *Respite Care: A Monograph.* More than forty respite care programs around the country are included in the information base on which this monograph was developed. The monograph describes: the types of respite care programs that have been developed, recruitment and training of respite care providers, the benefits of respite services to families, respite care policy and future policy directions, and a summary of funding sources. $4.50 per copy.

- ☐ *Taking Charge: A Handbook for Parents Whose Children Have Emotional Handicaps.* The handbook addresses issues such as parents' feelings about themselves and their children, labels and diagnoses, and legal issues. The second edition expands upon emotional disorders of children, including post-traumatic stress disorder and mood disorders such as childhood depression and bipolar disorder. $7.00 per copy.

More listings and order form on reverse ☞

☐ NEW! *Transition Policies Affecting Services to Youth With Serious Emotional Disabilities.* The monograph examines how state level transition policies can facilitate transitions from the child service system to the adult service system. The elements of a comprehensive transition policy are described. Transition policies from seventeen states are included. $5.75 per copy.

☐ *Working Together: The Parent/Professional Partnership.* A trainers' guide for a one-day workshop for a combined parent/professional audience. Designed to identify perceptions parents and professionals have of each other and obstacles to cooperation; as well as discover the match between parent needs and professional roles, and practice effective listening techniques and team decision making. $8.50 per copy.

☐ NEW! *Youth in Transition: A Description of Selected Programs Serving Adolescents With Emotional Disabilities.* Detailed descriptions of existing youth transition programs are provided. Residential treatment, hospital and school based, case management, and multi-service agency transition programs are included. Funding, philosophy, staffing, program components, and services information is provided for each entry. $6.50 per copy.

## ORDER FORM AND MAILING LIST Research and Training Center

☐ Please send me the publications checked. $_____ enclosed as appropriate.

☐ Add me to your mailing list. ☐ Take me off your mailing list.

☐ Change my address as noted below.

NAME _____

ORGANIZATION _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____

CHECKS PAYABLE TO: Portland State University. **PREPAYMENT REQUIRED.**
MAIL TO: Publications Coordinator, Research and Training Center, Regional Research Institute for Human Services, Portland State University, P.O. Box 751, Portland, Oregon 97207-0751, (503) 464-4040.

For your information: Our federal identification number is 93-6001786.

**Portland State University**
Research and Training Center
Regional Research Institute for Human Services
P.O. Box 751
Portland, Oregon 97207-0751

Change of Address?
Please send us your new address along
with your old mailing label.